

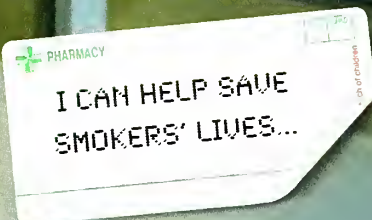
# G+D

## Pharmacy Champions

**News:** RPSGB sets three-month deadline to decide how to split its dual role

**News:** Professional body lobbies to decriminalise dispensing errors

**Education:** Men v women: the battle of the sexes to stop smoking



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Cover: This week's Pharmacy Champion  
Paul Chatterton  
Photography





# Society to split functions

**RPSGB 'Momentous decision' as Society accepts current organisation is untenable**

Jennifer Rigby

The Royal Pharmaceutical Society has finally caved in to pressure from all sides to separate its dual regulatory and representative roles.

In what some members called a "momentous" decision, and what Council member Jonathan Buisson called "the most important decision since pharmacists first met in the

Crown and Anchor in 1841", the Society has accepted that its current structure is untenable.

In a heated debate at RPSGB HQ in Lambeth on Wednesday, Council members voted for an independent review that will investigate how the functions should be split. It will be supported by a steering group in the Society and the findings are due in March.

Council member Dr Brian Curwain said: "There is a lot of detail to work out so it is essential to have an independent review. We are quite happy to end up with two separate organisations but it is how we do it which matters."

There was widespread support for the Society to remain as the professional body for pharmacists. It would give leadership and remain responsible for representation and education, working alongside a regulatory board that would regulate the profession.

Council member Douglas Simpson said: "It is clear that there must be blue water between the regulatory and representative roles. This is the end of the dual role."



Dr Brian Curwain: "There is a lot of detail to work out"

## The review will:

- Consider the principles of the separation of functions.
- Consult widely among the profession.
- Consider all options and models.
- Consider implications including efficient and economical linkages; membership/registration links; legal, human resource and financial matters; and benefits, risks and costs.

Other members in the packed committee hall suggested considering the medical model or a Royal College and regulatory board system. Vice-president Gerald Alexander said: "The word crisis comes from the Greek – it means to make a decision. The RPSGB is at crisis point."

RPSGB president Hemant Patel said: "The current model is simply not sustainable. The C+D survey [C+D, November 25, p4] showed that the membership had a poor opinion of the Society and did not feel represented, so something had to be done."

# Independents express anger at Pfizer deal

**Retailing Fears scheme will impact on cash flow**

Tom Hawkins

**Independent pharmacists have** said they will be left out of pocket by the discounts on Pfizer's proposed distribution scheme.

Critics argued that the discounts, revealed exclusively in C+D last week, will damage cash flow and that only chains with at least six stores would achieve the second discount tier.

Fin McCaul, chairman of the Independent Pharmacy Federation, said: "The immediate effect will be a deepening of the trough in contractor cash flows already created by recent category M changes."

Pfizer said the tiered discount scheme was set out after discussions with both the NPA and PSNC and was designed to be as fair as possible.

In a statement it said: "We have attempted to distribute the investment we make in discounts in such a way as treats all customers fairly."

PSNC said it was satisfied with the scheme. It said any changes to purchase profits would be taken into account and that the package for 2007-08 "will therefore ensure that there is no detriment to contractor funding".

Senior executives from Numark held what they described as "constructive" talks with Pfizer on Wednesday.

• Dispensing doctors have secured an exclusive discount scheme with Pfizer that guarantees them 10.5 per cent on purchases rather than the minimum 8.5 per cent promised to pharmacy customers.

# Wholesalers consider next move

**Wholesalers Services and discount structures under review**

Tom Hawkins

**Existing wholesaler services and** discount structures could be reassessed in the wake of the discount system outlined by Pfizer.

AAH, Mawdsleys, Phoenix and UniChem said this week they were preparing to update customers on the impact of the scheme.

Several claimed the Pfizer deal placed pressure on services and heightened the likelihood of a reduction in discounts.

Martin Sawer, executive director of the BAPW, said: "The Pfizer discount terms are only one side of the equation and who knows what hares may be set running?"

Phoenix is close to finalising a

review of its services. Chief executive David Cole said: "We have to look at the eventual impact of Pfizer business moving away from our infrastructure and whether that requires us to alter our discount structure and/or to alter some of our services."

AAH echoed Phoenix's sentiments. Group managing director Steve Dunn estimated that the Pfizer scheme would cost an extra £9 million in terms of loss of purchase profits and time spent on extra administration.

However, any changes are unlikely to be introduced until the Office of Fair Trading rules on whether it would investigate the deal.

John Davies, retail services director of Mawdsleys, said: "We and all other wholesalers are looking at options depending on the OFT's position."

UniChem marketing director Mark Stephenson said the firm is considering the impact of the Pfizer discount structure on its wholesale customers and aimed to ensure they were "not disadvantaged" on non-Pfizer products.



Wholesalers are looking closely at their discount schemes and service offerings in light of the Pfizer scheme



IPF chairman Fin McCaul warns that cash flow troubles will deepen for contractors





Gordon Brown met Robbie McGregor and Harry McQuillan of the SPGC, Margaret Ryan and Lyndon Braddick of the RPSGB, Alex MacKinnon of the SPGC and Alistair Jack of the RPSGB, as the organisations toured the political conferences promoting pharmacy in Scotland. "We were delighted that at the Scottish Labour Party Conference in Oban, First Minister Jack McConnell and Chancellor Gordon Brown took time out of their busy schedules to speak with representatives," said Lyndon Braddick

# RPSGB hears case in favour of decriminalising dispensing errors

**RPSGB** Infringements committee argues it would help patient safety

Adrienne de Mont

**Arguments in favour of** decriminalising dispensing and labelling errors were to be put to this week's Royal Pharmaceutical Society's Council meeting.

At present, pharmacists commit a criminal offence if they make such errors and, if reported to the Society, are warned it could lead to their being struck off or other sanctions. The impact can be devastating even if the Society takes no further action.

The Infringements Committee was to argue this week, as C+D went to

press, this criminalisation has led to a serious under-reporting of errors and near misses, and prevents these incidents being used as learning opportunities to reduce further mistakes. "It is not the reporting *per se* which improves patient safety but the responses to the reporting," said the Committee.

Research estimates that every month about 113,900 near misses and almost 20,400 dispensing errors occur in community pharmacies in England and Wales, but only about 20 errors are referred to the Society's Fitness to Practise Directorate.

As it would take a long time to change the legislation, the Infringements Committee recommended that, in the meantime, the current referral criteria should be revised to prevent referral of matters that did not bring pharmacists' fitness to practise into question.

• Council was also to agree a revised strategy to guide the Society in involving patients and the public in its work. Responses to a consultation have shown considerable support for a draft strategy, which would involve employing a dedicated member of staff to take forward the proposals.

## Prepare for quitters

Researchers from the University of Bath have warned that NHS smoking cessation services may struggle to cope with demand in the run up to the smoking ban, judging by the Scottish experience. In the three months before the ban in Scotland the number of people wanting to quit almost doubled in some areas. Once the ban was in place figures dropped back to normal.

• Funding needed – see page 8.

## IPMI details Foster concerns

**RPSGB** Report fails to acknowledge Society changes

**The Foster report does not do** justice to the many changes already being implemented by the RPSGB, the Institute of Pharmacy Management International has pointed out in its response.

Detailing seven concerns relating specifically to pharmacy, the IPMI points out that the Foster report also fails to think out the full implications of the proposed merger of the RPSGB

and the PSNI. "No costing of the perception of the political consequences of the word 'Royal' for some in Ireland has been considered," said IPMI general secretary Howard McNulty.

It also warns that there has been no consideration to the regulation and revalidation of managerial roles or industrial or academic pharmacists. **AC**

## News in brief:

### Filling self-care gaps

Pharmacists can fill gaps in access to self-care so that all patients can benefit, experts have said.

Speaking at the APPG on Primary Care and Public Health annual reception last week, Harry Cayton, national director for patients and the public, said: "The key is teaching patients about self-care at their level – where they live, where they shop."

Ash Pandya, a self-care expert from NHS Direct, added: "The pharmacy contract goes a long way to filling the gaps. Pharmacists can explain self-care in a non threatening environment, in the community."

To read more about pharmacy's role in self-care, see p12

### Drug Tariff prices

Generic prescriptions for levothyroxine sodium sugar-free oral solution 100mcg/5ml, 50mcg/5ml and 25mcg/5ml will not be subject to discount deduction from December 1. The items will appear in Part II of the Drug Tariff in January 2007.

Evotrox, the proprietary equivalent, has been added to the Tariff Part II from December 1.

The reimbursement price for Opsite Plus 10cm x 35cm was £2.95 per dressing in November, not as listed in the Tariff.

### Restricted records access

Access to electronic patient records will only be given to health professionals who have registered for a smartcard and use a password, health minister Caroline Flint said. In response to a written question, she added that plans to integrate English and Welsh patient records systems were underway.

### WAG studies MURs

The Welsh Assembly Government has commissioned Cardiff University to look at the factors affecting the delivery of medicines use reviews. Community Pharmacy Wales notes that more than 100 per cent of contractors and providers are now accredited to provide

### UniChem offers

UniChem is offering students advice on 'owning your own' programme of professional development made to UK schools



# Manufacturers seek switch for chloramphenicol eye ointment

**Medicines** Reclassification sought for acute bacterial conjunctivitis treatment

Jane Ellis

Three pharmaceutical companies have applied to the Medicines and Healthcare products Regulatory Agency for their chloramphenicol 1 per cent eye ointments to be classified as pharmacy medicines.

Aventis, Optrex and Galpharm are seeking reclassification for the product, which is for the treatment of acute bacterial conjunctivitis.

The applicants say the product should be reclassified to improve patient choice, provide a product that is particularly suitable for use at night, and improve compliance, distribution and availability.

Adults (including elderly people) and children aged two years and older would apply the ointment to the affected eye either at night if chloramphenicol eye drops are used during the day, or three to four times a day if the ointment is being used on its own. The maximum pack size is 4g.

Consultation on the application closes on December 29.

The application follows the switch from POM to P for chloramphenicol eye drops in June 2005.



"We sell a lot of chloramphenicol eye drops. They're really popular, especially if a patient cannot get a doctor's appointment. The ointment could be more effective as it stays in the eye area longer. There's certainly a market for it. It would be good if simple antibiotics could be reclassified. Ventolin would also be a very good product to switch from POM to P. We've had enough training to be able to sell it."

**Emma Mortimer, Alliance Pharmacy, left**

"After chloramphenicol 1 per cent eye drops switched from POM to P sales increased from day one. We sell about four to five a week. I don't think reclassifying the ointment will have the same impact as it's the second antibiotic product to be switched. However, it might be easier for children to apply the ointment.

"I'd like to see trimethoprim for urinary tract infections reclassified."

**Louise Brown, Chemcare, Edinburgh Road Pharmacy**

"I've been selling at least 10 chloramphenicol eye drops a week. Sales of Brolene and Golden Eye Ointment have decreased in comparison. I'd expect a similar increase in sales if the eye ointment is approved for reclassification.

"I'd like to see salbutamol inhalers and the Voltarol anti-inflammatory switched."

**Hatul Shah, Carter Chemist**

## Pharmacists must push the PBC agenda

**Practice** Call for pharmacy to engage with PBC

**Pharmacists actively seeking to**

take part in practice based commissioning have called on the rest of the profession to get involved

Hampshire & IoW LPC chief officer Michael Holden said: "As a profession it is for us to engage locally and demonstrate where we can play a part in new patient care pathways. We cannot bleat from the sidelines if we do not make the initial effort."

The Department of Health recently published 'Practice based commissioning: practical implementation' for PCTs. This reminds PCTs of their responsibility to allocate to GPs and other frontline professionals an indicative budget to commission services on behalf of their patients and local communities (C+D, December 2, p5).

Encouraging pharmacists to get involved, Mr Holden said: "Although it is unfortunate that pharmacy is not specifically mentioned in the document, we fall into the group of allied health professionals. It is good to see more responsibility given to PCTs to make it happen and better clarification of the governance, accountability and commissioning arrangements." **AC**

## System opens up possibility of video MURs

**Medicines** Software offers link to pharmacy network

**Systems Solutions** has paved the way for medicines use reviews to be conducted remotely by incorporating video conferencing functionality into its QicScript PMR system.

The Dublin firm has enhanced the software to enable a 'face-to-face' link between patients and pharmacy staff within a retail network. The system is set up via a broadband connection, camera and microphone.

David McNamee, technical director at Systems Solutions, said it enabled pharmacists to overcome communication barriers that have the potential to impair a patient's knowledge of their medication. The system, which is already available on an undisclosed live site, is currently compatible with QicScript PMR.

## Rules to control CD management

**Medicines** NHS bodies to appoint overall supervisor

**New regulations will require** healthcare organisations such as primary care trusts and health boards to set up arrangements for the safe management and use of controlled drugs.

These bodies must appoint accountable officers responsible for these arrangements, which will include ensuring safe storage and disposal, security, record keeping, monitoring and auditing the use of CDs.

Accident reporting systems will be in place for untoward incidents.

The accountable officer will have power to investigate concerns regarding management or use of CDs and report them to relevant regulatory bodies.

The officer would also be able to inspect premises, although registered pharmacies will continue to be the responsibility of the Royal Pharmaceutical Society.

The Society will be able to request

an appropriate periodic declaration and self-assessment from a registered pharmacy.

The Controlled Drugs (Supervision of Management

and Use) Regulations 2006 (SI No 3148) will come into effect in England on January 1, 2007, and in Scotland on March 1, 2007. **AdM**

## NI tackles patient safety and care quality

Northern Ireland's health ministers are to publish guidance on whistle-blowing for pharmacists and other healthcare professionals in the early part of next year.

The initiative comes as part of a broad action plan designed to improve patient safety and quality of care, and is published in light of the Shipman Inquiry.

The plan, outlined in the Department of Health, Social Services and Public Safety document 'Improving patient safety – building public confidence', also plans to extend the functions

of the Health Service Tribunal and the powers of the four health and social services boards to cover the suitability, efficiency and probity of GPs, dentists, opticians and pharmacists.

It also aims to bring NI into line with the rest of the UK, by requiring pharmacists to seek and record the identity of persons collecting Schedule 2 controlled drugs, and to reproduce in NI the Department of Health's public communications strategy, which covers the storage and return of unwanted controlled drugs to a pharmacy.



# POWER

1-3



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  - **Antagonist** action: Reduces the satisfaction associated with smoking†
- Significantly **higher quit rate** vs. bupropion or placebo at 12 weeks<sup>1,5</sup>
- **Favourable safety and tolerability profile** in approximately 4,000 treated smokers

**CHAMPIX® Film-Coated Tablets (varenicline tartrate)**  
**ABBREVIATED PRESCRIBING INFORMATION - UK** Please refer to the SmPC before prescribing Champix 0.5 mg and 1 mg. **Presentation:** White, capsular-shaped, biconvex tablets debossed with “Pfizer” on one side and “CHX 0.5” on the other side and light blue, capsular-shaped, biconvex tablets debossed with “Pfizer” on one side and “CHX 1.0” on the other side. **Indications:** Champix is indicated for smoking cessation in adults. **Dosage:** The recommended dose is 1 mg varenicline twice daily following a 1-week titration as follows: Days 1-3: 0.5 mg once daily, Days 4-7: 0.5 mg twice daily and Day 8-end of treatment: 1 mg twice daily. The patient should set a date to stop smoking. Dosing should start 1-2 weeks before this date. Patients who cannot tolerate adverse effects may have the dose lowered temporarily or permanently to 0.5 mg twice daily. Patients should be treated with Champix for 12 weeks. For patients who have successfully stopped smoking at the end of 12 weeks, an additional course of 12 weeks treatment at 1 mg twice daily may be considered. Following the end of treatment, dose tapering may be considered in patients with a high risk of relapse. **Patients with renal insufficiency:** *Mild to moderate renal impairment:* No dosage adjustment is necessary. *Patients with moderate renal impairment who experience intolerable adverse events:* Dosing may be reduced to 1 mg once daily. *Severe renal impairment:* 1 mg once daily is recommended. Dosing should begin at 0.5 mg once daily for the first 3 days then increased to 1 mg once daily. *Patients with end stage renal disease:* Treatment is not recommended. **Patients with hepatic impairment and elderly patients:** No dosage adjustment is necessary. **Paediatric patients:** Not recommended in patients below the age of 18 years. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Warnings and precautions:** Effect of smoking cessation: Stopping smoking may alter the pharmacokinetics or pharmacodynamics of

some medicinal products, for which dosage adjustment may be necessary (examples include theophylline, warfarin and insulin). Smoking cessation may result in an increase of plasma levels of CYP1A2 substrates. Smoking cessation, with or without pharmacotherapy, has been associated with the exacerbation of underlying psychiatric illness (e.g. depression). There is no clinical experience with Champix in patients with epilepsy. At the end of treatment, discontinuation of Champix was associated with an increase in irritability, urge to smoke, depression, and/or insomnia in up to 3% of patients, therefore dose tapering may be considered.

**Pregnancy and lactation:** Champix should not be used during pregnancy. It is unknown whether varenicline is excreted in human breast milk. Champix should only be prescribed to breastfeeding mothers when the benefit outweighs the risk.

**Driving and operating machinery:** Champix may have minor or moderate influence on the ability to drive and use machines. Champix may cause dizziness and somnolence and therefore may influence the ability to drive and use machines. **Side effects:** Adverse reactions during clinical trials were usually mild to moderate. Most commonly reported side effects were abnormal dreams, insomnia, headache and nausea. Commonly reported side effects were increased appetite, somnolence, dizziness, dysgeusia, vomiting, constipation, diarrhoea, abdominal distension, stomach discomfort, dyspepsia, flatulence dry mouth and fatigue. See SmPC for less commonly reported side effects. **Overdose:** Standard supportive measures to be adopted as required. Varenicline has been shown to be dialyzed in patients with end stage renal disease, however, there is no

experience in dialysis following overdose. **Legal category:** POM. **Basic NHS cost:** Pack of 25 11 x 0.5 mg and 14 x 1 mg tablets Card (EU/1/06/360/003) £27.30, Pack of 28 1 mg tablets Card (EU/1/06/360/004) £27.30, Pack of 56 0.5 mg tablets HDPE Bottle (EU/1/06/360/001) £54.60, Pack of 56 1 mg tablets HDPE Bottle (EU/1/06/360/002) £54.60, Pack of 56 1 mg tablets Card (EU/1/06/360/005) £54.60. Not all pack sizes may be marketed / marketed at launch. **Marketing Authorisation Holder:** Pfizer Limited, Sandwich, Kent, CT13 9NJ, United Kingdom. **Further information on request:** Pfizer Limited, Walton Oaks, Dorking Road, Tadworth, Surrey KT20 7NS. Last revised 09/2006

Adverse events should be reported to Pfizer Medical Information on 01304 616161. Information about adverse event reporting can also be found at [www.yellowcard.gov.uk](http://www.yellowcard.gov.uk)

**References:** 1. Gonzales D *et al* JAMA 2006; 296:47-55  
2. Jorenby DE *et al* JAMA 2006; 296 56-63 3. Tonstad S *et al* JAMA 2006; 296:64-71. 4. Cop JW J Med Chem 2005; 48 3474-3477. 5. Gonzales DH *et al* Presented at 12th SRNT, 15-18th Feb, 2006, Orlando, Florida Abstract PA9-2. 6. CHAMPIX Summary of Product Characteristics

CHA055a Document Generation Nov 2006



# CHAMPION



# Pharmacists told to stand up and be counted

**Politics** Call for a stronger voice to represent the industry nationally

Jennifer Rigby

**Pharmacists are being held back** because they are too polite to say what they can do, experts concluded at the fourth evidence session of the future of pharmacy consultation.

At the All-Party Pharmacy Group hearing held in London on November 28, representatives from LPCs and PCTs suggested that pharmacy is still being marginalised because no-one – from the RPSGB down to the individual pharmacist – is shouting loudly enough about what pharmacy can provide.

Giving evidence, Dr Christopher Dunn from Swindon & Wiltshire LPC, said: "I attend primary care development meetings and the

service level agreements for providing new services are already on the table with the GP's name on it, ready for them to sign."

Paul McCorry, from East Riding & Hull LPC, added: "It's hard to be

## Stronger voice needed

Both LPCs and PCTs said that pharmacists need a stronger voice to represent them nationally.

Paul McCorry, from East Riding & Hull LPC, said: "I think the Society should be shouting louder about pharmacy."

John Hewitt, from Bexley, Bromley & Greenwich LPC, added: "Put it this way, I didn't realise they were shouting at all."

heard, however loudly you shout, if you're not even in the room."

All the representatives suggested major organisational changes, such as a pharmacist on a management seat on the PEC, as well as more guidance from the NHS and more funding.

However, in defence of PCTs, Sanir Vohra from Chorley & South Ribble PCT said: "We do take pharmacy seriously, but I must say that not once has an LPC ever come to me with a service they could provide cheaper and better."

Dr Howard Stoaite, chair of the group, said: "This is the problem with pharmacists. You're all too bloody polite to say what you can do. This must change."



## Back to work on a blog

**When Dee Spencer decided to return to community pharmacy, she was prepared for a challenge.**

Her thrice-weekly web-log is testament to her journey, from the grapefruit-loving statin patient to the man who dropped his trousers to unveil a burn on his stomach.

"I had a really embarrassing encounter with a young man who presented me with a 'C card'. I hadn't come across this before and neither had any other staff.

"He said that he expected to be given free condoms, adding: 'This is a chemist isn't it?' I could see the card was from a town some distance away that had been in a different PCT.

"I was frustrated at the lack of communication about this scheme and that this young man had been responsible enough to try to discreetly use the scheme and had failed!"

Becoming accustomed to the array of daily pharmacy issues was also slower than Dee anticipated.

"Made my first mistake since coming back into practice by dispensing insulin pens against a script for cartridges. The patient is a regular and was fine about the whole thing, but it didn't make me feel any better about it."

Unable to understand why obtaining a set of placebo inhalers was such a "largely fruitless mission", she blogged her surprise at just how difficult companies are now making it to get hold of them.

"One company told me that they only supplied on written authority from a doctor and two other companies told me I had to order them through my wholesaler, who knew nothing about it. In the end local reps kindly supplied some of what I needed, but what wasted effort on my part to get hold of some of the tools of my trade!"

Read more about Dee at [www.dotpharmacy.com](http://www.dotpharmacy.com) for her latest experiences including barring a patient from the pharmacy.

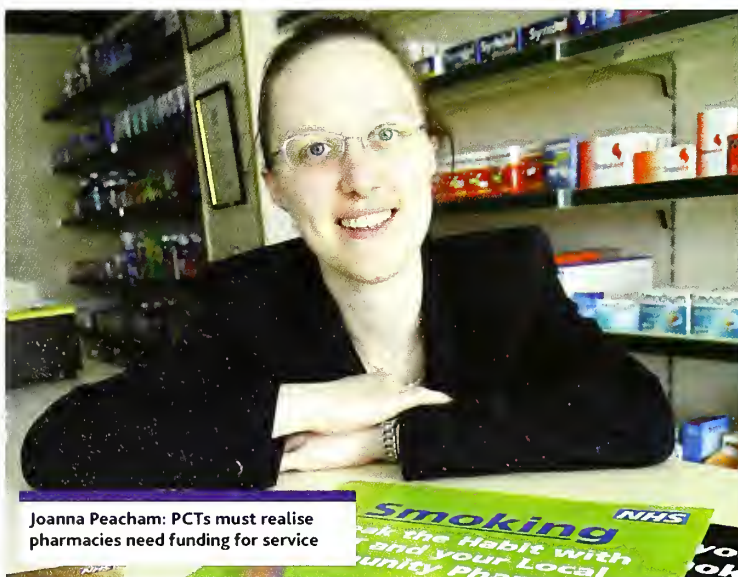
## Funds needed for smoking cessation support

**Legislation** Ban could prompt NHS to commission more smoking cessation services

**Pharmacists who offer smoking cessation services** may benefit from legislation that comes into force on July 1, 2007, to ban smoking in all enclosed public places and workplaces.

A spokeswoman from the Department of Health said the ban could prompt local NHS services to look at commissioning more smoking cessation services in pharmacy.

However, Joanna Peacham, a pharmacist at Brocklehurst Chemist in Hull, warned more funding would be needed to increase the number of pharmacies able to offer the service. "This new legislation will make us rather busy. I think the service that we offer should be rolled out to all pharmacies, but the PCTs need to realise we need funding to do it." JE



## Light shed on Cox-2 heart and stroke risk

**Medicines** Inhibitors may affect blood thinning and increase risk of clotting

**Researchers at Imperial College** believe they may have discovered the reason why Cox-2 inhibitors are associated with heart attacks and strokes.

A study by the group, published in the Federation of American Societies for Experimental Biology Journal, reports that as well as inhibiting the Cox-2 enzyme in inflamed areas, the

treatments also inhibit Cox-1 in the endothelium, which produces the blood thinning agent prostacyclin. Reducing prostacyclin production may increase the risk of clotting.

Because the Cox-2 inhibitors only had a significant adverse effect on Cox-1 in the endothelium but not elsewhere, it is thought that there may be something about the cellular

environment in the endothelium that makes Cox-1 in that area vulnerable to Cox-2 inhibitors.

Author Professor Jane Mitchell, of the National Heart and Lung Institute at Imperial College London, said researchers can now work on developing Cox-2 inhibitors that do not increase the risk of heart attacks and strokes. **EW**



# At last, there's an alternative to aciclovir for cold sores!

NEW!



Cold sore sufferers are frantic for their cold sores to heal quickly...  
now there's a new fast treatment

## Fenistil Cold Sore Cream

- The fastest OTC treatment period
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Fenistil Cold Sore Cream contains the unique patented ingredient penciclovir, clinically proven to treat cold sores with **just 4 days treatment**—that's a **20% faster treatment time** than current OTC anti-viral cold sore treatments—a key benefit for your customers.

From now on... recommend Fenistil Cold Sore Cream

## Nothing works faster!

**FENISTIL COLD SORE CREAM. Presentation:** Cream containing penciclovir 1.0% w/w. **Indications:** For the treatment of herpes simplex virus infections of the lips and face (herpes labialis) in adults 12 years of age. **Dosage and administration:** At the first signs of an infection, apply at approximately two hourly intervals during waking hours (approximately 8 times a day). Treatment should be continued until the cold sore has completely healed. **Contraindications:** Known hypersensitivity to penciclovir, famciclovir or the other constituents of the formulation. **Precautions:** For external use only. Do not apply to the mucous membranes, such as on the genitals. Do not use in ocular or genital herpes. Avoid contact with the eyes. Patients with severe cold sores should be encouraged to seek medical advice. Patients should be advised to avoid alcohol, particularly when active lesions are present. Immunocompromised patients (e.g. AIDS patients or bone marrow transplant recipients) should be encouraged to consult a physician in case oral therapy is required. It also contains propylene glycol, which may cause irritation. **Pregnancy and lactation:** Do not use unless advised by a doctor. **Side effects:** Application site reactions such as transient burning, stinging and numbness. Also hypersensitivity reactions, such as allergic dermatitis, rash, urticaria, pruritus and swelling. **Recommended Retail Price:** £6.49 (2g tube). **Product licence number:** PL 0030/0215 **Product licence holder:** Novartis Consumer Health, Wimblehurst Road, Harsham PH12 5AP. Date of Product Licence: 10/01/2001.



# Opposition derides lack of action on control of entry

**Wales** Health minister attributes delay to capacity problems

**Welsh health minister Brian Gibbons** was ambushed by the political opposition into giving an abject apology over the long delays in enacting the radically different Welsh control of entry regulations.

Almost four years ago, the Office of Fair Trading recommended scrapping regulations but the Welsh Assembly quickly rejected this.

But the snail-like progress by Cardiff civil servants in dealing with the issue has caused considerable concern to community pharmacists in Wales ever since.

Eventually, in August last year, a consultation document was released, closing the following November. But, since then, nothing.

Last week Helen Mary Jones, Plaid's health spokesman, prepared an ambush. A very different set of health recommendations was being presented to an Assembly plenary session when she leapt up and asked when Dr Gibbons could give a "timetable" for his written response to the consultation – which would be followed eventually by the regulations themselves.

The minister said: "Control of entry is something on which we are anxious to make progress. All things being equal, we genuinely would have liked to have been able to make progress."

"However, issues such as what is going on in England in relation to similar contracts and the difficulties

that we have had regarding the oxygen contract, have created real capacity problems for my officials in terms of dealing with this.

"I am anxious for these regulations to move forward as quickly as possible, but, clearly, there are mechanical or logistical issues that we need to address."

Ms Jones said later: "It is a question of efficiency; the years taken over these regulations make us worried for what will happen when the Assembly takes on significantly increased powers next May."

Peter Jones, chief executive of Community Pharmacy Wales, commented: "They are hiding behind their workload." **CB**

## Folic acid recommended for CV disease

**Medicines Supplement** can cut heart disease risk

**Folic acid should be used to prevent heart attacks and strokes**, say UK experts who have reviewed current evidence.

There has been a long-standing debate over whether raised serum homocysteine concentrations cause heart disease and whether folic acid supplement could reduce this risk.

A team from the Wolfson Institute of Preventive Medicine looked at a variety of studies including those that measured serum homocysteine and those testing the effects of lowering levels. They concluded there was "sufficient evidence" to justify the preventive use of folic acid supplements.

When single types of studies were looked at the evidence appeared inconclusive but overall the studies point to homocysteine being a cause of cardiovascular disease, said the researchers.

"No single alternative explanation can account for all the observations," they pointed out. "Taken together the evidence supports a modest protective effect of folic acid."

For more information see the *British Medical Journal* 2006; 333: 1114-17. **EW**



A Huddersfield out of hours healthcare provider has honoured a local pharmacist who died earlier this year. The Local Care Direct (LCD) Call Centre at Bradley, West Yorkshire, was named Sheridan Teal House by her husband, Andrew, who unveiled a commemorative name stone at a special ceremony. Mrs Teal was pharmaceutical advisor for Kirklees and Calderdale Primary Care Trusts and worked closely with LCD to ensure its pharmacy services were responsive and appropriate. "Sheridan's commitment to her role, and to supporting agencies such as LCD, meant she was much admired and respected and we believe that to remember her in this way is a fitting tribute," said Fran Robinson, operations director at LCD

## Confusion over branded prescribing at RPSGB

**Society Practice committee member questions guidance on morphine scripts**

**RPSGB's recent guidance on**

branded prescribing doesn't go far enough, a senior figure in the organisation has claimed.

The Society stated that it does not recommend branded prescribing for modified release morphine preparations and fentanyl patches, based on evidence received from the NICE, which suggested that switching brands with the same profiles does not affect pain control.

However, Sid Dajani, chairman of the practice committee at the Society, said that he hadn't approved the statement and its message was not what the committee intended. He said: "I was startled to see it, to be honest. The statement has considered the evidence base but, in the practice committee, we obviously focus on practice issues as well, and as such we concluded that for morphine, we support branded prescribing if the

### News in brief

#### Healthy start for families

Pharmacists are taking part in the government's Healthy Start scheme in which families on low incomes will benefit from free vitamin supplements, milk and infant formula, fresh fruit and vegetables.

Healthy Start is replacing the Welfare Food Scheme and those who qualify will receive vouchers worth £2.80 each, which can be spent at 20,000 participating retailers, including pharmacists.

The scheme started in the North East on November 27. It is already running in Devon and Cornwall.

#### CD copies still needed

PSNC is reminding contractors that they still need to send copies of their private prescriptions for schedule 2 and 3 controlled drugs to the NHSBSA and retain the original form, despite the information given in Part XX of the Drug Tariff. This is because the relevant change to the Medicines (Sale or Supply) (Miscellaneous Provisions) Regulations 1980 is still outstanding.

#### Call for awards entries

Pharmacists are being encouraged to enter the Ask About Medicines Awards for Excellence 2007, which acknowledge those who are involved in increasing people's understanding of medicines and medicine taking.

The six categories include a new one for 2007 – Excellence in Ask About Medicines Week activities – which is sponsored by the Royal Pharmaceutical Society.

The closing date for entries is March 7, 2007. Prizes will be awarded in June.

For more information go to [www.askaboutmedicines.org/awards](http://www.askaboutmedicines.org/awards)

pharmacist thinks it is appropriate."

He said that an accidental change of medication brand – such as a locum faced with a generic prescription choosing a different brand to the patient's usual brand – could be distressing for a patient at a vulnerable time. He also stressed that the committee is not advocating blanket branded prescribing.

The Society is standing by the original statement. **JR**



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Information about adverse event reporting can be found at [www.yellowcard.gov.uk](http://www.yellowcard.gov.uk). Adverse events should also be reported to Forest Laboratories UK Ltd. Tel: +44 (0)1322 550550.



# Patients can do it themselves

If patients start taking care of their own health, what will be the role of the pharmacist? Gopa Mitra, head of the PAGB, says pharmacists will be more important than ever before...

Jennifer Rigby

## It's time to hand over the

stethoscopes, white coats and dosage packs to the patients, say experts.

Well, perhaps not – but 'self-care' is one of the new NHS strategies for giving patient choice and reducing professional workload.

Although there has been government policy on self-care since 2000, it is only this year that anything practical has been attempted, says self-care champion Gopa Mitra.

Ms Mitra, who is director of health policy at the PAGB, has spent the last two years as project lead on the first ever UK self-care research project in Erewash PCT, Derbyshire.

The theory behind self-care is simple: in a demanding healthcare timetable, teaching patients how to prevent, manage and treat their own conditions is an increasingly necessary route for healthcare to take.

However, without a sturdy evidence base, many remained unconvinced. Professor Mike Pringle, who chaired the steering group that set up the Erewash research project, explains: "The NHS has always been a paternalistic health service, saying, 'trust us, we'll do it all'. But it's simply not going to work any more."

Professor Pringle, with Ms Mitra and others, set up the Joined Up Self-Care project in Erewash, with funding from the NHS Working in Partnership Programme (WiPP).

The project lasted from February 2005 to March 2006 and had three strands – firstly, the prevention of coronary heart disease in people aged over 30 years; secondly, the management of adults with asthma;



Pharmacists, and other medical professionals, have to realise that public health means working in partnership with patients

and thirdly, treatment of minor ailments by mothers with young families, all through the promotion of self-care.

Ms Mitra explains: "It's all about instilling confidence. Self-care doesn't mean no care – rather, it's the patient and professional working together."

Pharmacists were at the forefront of the initiatives in Erewash. In the CHD strand, they were involved in an awareness campaign, leafleting their customers and talking to them about the programme, which aimed to get people to change their diet, reduce their drinking and smoking, and exercise more.

The asthma management scheme built on the Expert Patient Programme where sufferers attended training days. But it was in the final strand that pharmacists really came into their own: the Pharmacy First programme.

Pharmacy First is an NHS scheme where advice from community pharmacies is offered as an alternative to a GP appointment. This was used in Erewash extensively to help mothers treat their children's minor ailments, reducing the burden on doctors and letting mothers receive care closer to home. Ms Mitra says: "Our research shows that people often go to their GP for reassurance as much as for a diagnosis, so why not go to a pharmacy?"

The scheme led to definite changes in attitude among all of the patients and professionals, Ms Mitra says. The CHD group was shown to have significantly changed – for example, almost 75 per cent altered their diet. The asthma group agreed they knew more about their condition after their training.

Among the mothers, most believed they could "manage their children's minor illnesses just with advice from a pharmacist", the study concluded –

a major bonus for pharmacists.

GPs and pharmacists were remunerated for their commitment to self-care via the PCT's enhanced services budget, and the PCT promoted the project widely in local papers and business premises. "We didn't throw money at it," Ms Mitra explains. "Any PCT could do it. The WiPP funding was only for analysing the results."

However, there are still problems. While this project did change attitudes, it did not make much headway in people's actual behaviour. Ms Mitra thinks that in order to do this, there needs to be a concentrated national campaign.

In the meantime, Erewash PCT became Derby PCT in the September reforms, and Ms Mitra is pleased to announce that they are putting the finishing touches to their own self-care strategy. She hopes the Erewash project evidence is the start of something big. "I hope we have started the ball rolling but it's going to need some pushing from everyone else to keep it going," she says.

Our research shows that people often go to the GP for reassurance as much as for a diagnosis, so why not a pharmacy?

Gopa Mitra



Men v women: who is better at quitting smoking? Find out on page 36



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# Pharmacy Champions

Pharmacy  
Champions

## Pharmacists leading the way

Name

**Paul Chatterton**

Pharmacy

**H I Weldrick, St Wilfrid's Court,  
Cantley, Doncaster**

What has he done?

**Developed a sign language and deaf awareness service**

**What have you set up?**

In Doncaster there is a College and School for the Deaf, which means there are a large number of deaf customers in the local community. I felt that communicating with them could be enhanced by learning British Sign Language (BSL), which is the first language of 50,000 deaf people. This means that English is not their first language, which in itself can lead to communication difficulties.

Pharmacies are ideally placed to offer advice and help without an appointment and by learning BSL we can give deaf customers one-on-one access to a healthcare professional, who can establish and meet their needs and question them appropriately.

In addition to the signing aspect of the service, I

have also made a presentation on deaf awareness to Weldricks' pharmacists. This included information on communication techniques that could be used to make 'speaking' to deaf people easier in a pharmacy setting. These tips were printed out and fed back to the counter assistants, who are often the first line of contact for many patients.

**Were there any difficulties?**

I embarked on a 15-week introductory course to BSL. Unfortunately, it turned out to be a lot more complicated than I thought. Far from being 'English with signs', it has its own syntax and grammatical structure. As a result, I enrolled on a Council for the Advancement of Communication with Deaf People (CACDP) Level 1 BSL course. This took 12 months and as I approached the end I realised that because pharmacy is a complex area I would have to enrol on the next level for another year. I'm currently in the middle of this course and thoroughly enjoying it. I'm now more confident about communicating complex pharmacy issues with deaf people.

**What has been the reaction?**

The deaf patients I have spoken to seem very keen and Doncaster College has also been very positive. I don't know how GPs feel – it

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would be interesting to find out if they could make use of a signing pharmacist in the future.

#### Any advice for others?

Anyone who has an idea for a new service but is doubtful of it being well received, as I was initially, should make enquiries about it to the relevant people – they may be pleasantly surprised. Weldricks reacted positively and has been very supportive.

#### Do you think you'll be successful?

The skills I am gaining through the CACDP Level 2 course are invaluable to providing a good quality service. I've used BSL effectively in my own pharmacy and in January I will be making weekly visits to our branch near Doncaster College to provide a service for a larger number of deaf patients. Early next year would be a good time to start promoting the service.

#### Has offering the service improved your job satisfaction?

It has added a new dimension to my current role. Instead of worrying that deaf patients might not have understood my advice, I can communicate with them more effectively. It will enable deaf people to get advice in the same way as those who can hear, which I hope will make them feel more comfortable about coming into the pharmacy.

Nominate your Pharmacy Champion:  
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It took real commitment and dedication from Paul Chatterton to complete the difficult task of mastering sign language



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# Comment from the editor

## RPSGB needs more gusto for its professional role



**Not one but two momentous events landed on Planet Pharmacy this week.**

First, in a decision that affects all pharmacists and technicians, came the news that the Royal Pharmaceutical Society has finally accepted that its position as both regulator and professional body is just not viable in the modern world.

For the past three years, while it has been developing its new Charter, the Society argued that representing pharmacists' professional interest was always in the public interest and therefore there was no conflict between its two roles –

representing members' professional interests and regulating the profession on behalf of the public.

While it's true that both patients and pharmacists should be striving to reach a common goal, the representation role for pharmacists goes much further and one can argue that there are possible 'grey areas' of conflict, something that has been brought sharply into focus by the government's Foster review into regulation.

Looking at it from an everyday community pharmacist's point of view, though, why is it that a dispensing error can lead to a pharmacist facing criminal prosecution? No pharmacist makes a mistake intentionally, so why, unlike other health professionals, do they face such potential action? Is it in the public interest that pharmacists under-report error and near misses for fear of facing prosecution?

So as the Society agreed this week to review how it will separate its roles, it's interesting to see that Council agreed to lobby to decriminalise errors. Let's hope that this is a sign of the RPSGB delivering its professional role with as much gusto as it puts into its regulatory function, and not just a realisation that its unspectacular track record as a professional body may not be the best basis for gaining support as a possible voluntary membership organisation in the future.

A no less important development has been

Pfizer's new distribution model. As details emerged last week of the discounts on offer, the next big news we had expected was a decision from the Office of Fair Trading on whether the model needed further investigation. This decision will now be awaited with greater anticipation, as the industry grapevine suggested this week that a second pharmaceutical company has approached wholesalers.

As C+D pointed out only a few weeks back, the pharmaceutical wholesale industry is facing some difficult challenges. How it will pan out is still anyone's guess but the effects will for sure be felt by wholesalers, pharmacists and the UK's health departments alike.

No pharmacist makes a mistake intentionally, so why do they face criminal action?

## Your views

### Students point to gaps in the learning process

Spurred by the RPSGB's education review, Jen De Val looks at what universities should offer students



**The education and training of future pharmacists is very much a hot topic of the moment, and one which BPSA takes a keen interest in.**

The RPSGB is currently undertaking a review of pharmacy

education and this is a key opportunity to ensure that pharmacy students are well prepared for their future professional roles.

BPSA recently held a round of area conferences across the country. A workshop was held to facilitate debate amongst undergraduates about what, and how, they feel they should be taught at university.

It is clear that further integration of pharmacy education with pre-registration training is considered important, with the facilitating of practice placements needing to be addressed. BPSA would like to see more placements incorporated at an undergraduate level in order to complement knowledge gained during the degree.

Pharmacy students are very aware of the choice and options they have once they qualify, with the ability to move between sectors of pharmacy with a standard qualification.

With this in mind, many pharmacy

The relatively limited number of optional modules does not reflect the wide choice of career options

students feel that more optional subjects, or potential to specialise, may be beneficial in the degree. Currently, the relatively limited number of optional modules does not reflect the wide choice of available career options post qualification.

BPSA members have called for a form of management training to be incorporated into the degree, as they are aware that they are likely to be carrying out a management role soon after qualification. Frequently, newly qualified pharmacists now manage their own

pharmacy, and it is important that they are prepared for this.

It is important that pharmacy education is considered in the context of the professional role of the pharmacist.

BPSA will continue to endeavour to seek the opinions of its members on this matter. BPSA looks forward to continuing to work with the RPSGB on pharmacy education, by continuing to be involved in the consultation process.

**Jen De Val, British Pharmaceutical Students' Association president**



# Xrayser

Topical Reflections



## A lack of Christmas spirit

**Christmas is coming and the pharmacist is getting grumpy.** The festive season is getting into full swing and I can't help wishing that I was elsewhere.

Scrooge had no particular cause to be grumpy in December but I feel that I have too many grievances to list them all. This is always the busiest time of the year for me yet no amount of preparation ever makes December any calmer. There is no avoiding the droves of panic-stricken patients who want to stock up on three months' supply of every medicine they've ever had simply because the surgery is closed for an extra day.

And a combination of absenteeism and winter illness ensures that there are never enough staff to help make things run smoothly, either in the pharmacy or at the surgeries or care homes. In short, it's mayhem.

Some surgeries are now issuing double prescriptions to try and limit the scrum at their prescriptions desk in the run-up to Christmas, which seems sensible enough. But too many patients are being lulled into a false sense of security as the odd item is missed off their duplicate

prescription. Cue further chaos and confusion.

Unfortunately the siege mentality of some patients may be appropriate this year. Christmas Day falls on a Monday so surgeries will be closed for a whole four days. Boxing Day rota, apart from interrupting my short-lived family festivities, could be one of the most unpleasant hours of the whole year. If only it was just an hour, but I have to get there early to avoid the queue stretching round the corner and I'm always there way after I'm supposed to have finished. And too much of this precious time is spent selling sundries like toothpaste and tissues. Don't these people have a life?

In fact I'm usually downright miserable by the time I'm allowed 24 hours off for Christmas Day. I'm not grumbling about all the extra revenue, but apart from that there's only one positive thing about December. It's all the Christmas cards from customers and staff saying thank you for all our hard work throughout the year. And their 'thank you' boxes of chocolates, mince pies, cakes, mulled wine, and...

## Ask your patients

**Patients will be able to have their say on their GP's performance** in nationwide surveys to be carried out in January. This story attracted media attention last week because the results of the survey will be used to determine the size of yet another GP bonus of up to £8,000.

The BMA is disgruntled because it believes leading questions in the survey will lead patients to think they are entitled to more (particularly in terms of accessibility) than the GPs are willing to offer. It was the BMA, however,

which negotiated the survey as part of this year's contract.

If only we could have had this sort of survey as part of our national contract. The DH would never agree to it of course, because it already knows that patients are happy with their pharmacy service and it would be no use as a stick to beat us with. Perhaps a survey of this type should be carried out anyway, even if only to use as additional leverage in remuneration negotiations or to promote the profession to the national media.



Hospital  
Report

## Initial RPSGB fee turns out to be forever

**I have suggested before that those of us in hospital get a raw deal from the RPSGB, paying for representation which appears non-existent.**

However, now it seems everyone is in the firing line. Supplementary prescribers in all sectors are to be asked to stump up £35 to be registered as such.

Fair enough, I hear you say. Setting up the register to record this detail will cost money and an initial fee of £35 is quite reasonable. I would agree with this. The sting in the tail is that this is not an initial fee. It is to be paid each year, and will no doubt increase as the years pass.

I am sure that the RPSGB will maintain that they have very good reasons for doing this. Suggestions are likely to include course accreditation costs, but surely that is disingenuous? The same costs

It would appear, to the cynical bystander, that the RPSGB is trying to get as much income as possible before it is told to separate representative and registration functions

will be incurred with the undergraduate courses. Are they about to suggest that we all pay the pre-registration fee each year, in perpetuity, to pay for the costs of running that scheme? Why do none of the other regulators find it necessary to levy this sort of fee?

It would appear, to the cynical bystander, that the RPSGB is trying to get as much income as possible before it is told to separate representative and registration functions.

In this instance, who are the purporting to represent? I can hear a cohort of supplementary prescribers clamouring for registration or cries of 'I would pay £350 for this' echoing around the room. Do you?

Written by a senior pharmacist





# Eurofile update

Jörn Runge reports on Swiss pharmacists creating their own generic product line; German legislation reducing the market for prescription medicines; Italian pharmacists taking on Brussels; and the Polish struggle for profit

## Switzerland



**Swiss patients are increasingly asking for generic alternatives in order to save money, as they would otherwise have to pay 20 per cent of the**

price if they want the branded drug dispensed when a generic is available.

As the sales volume for generics increased by more than 55 per cent this year and many customers are turning to self-medication as a cheaper alternative, pharmacists are pinning their hopes on a new business idea – their own generic product line.

To set up the project, the Swiss Association of Pharmacists is going to provide start-up financing of about €1 million. Members of the Association will later be able to apply for shares. It is hoped that up to 500 pharmacists will make use of the

new business, which will start in the next few months. Whether the pharmacist-owned company will produce its own products or just act as a distributor is still not clear. However, the pharmaceutical sector will be taking a keen interest as the new development means having to give up a share of the €160 million generics market.

Pharmaceutical companies such as Mepha or Sandoz, the latter a subsidiary company of Novartis, handle almost three quarters of the Swiss market. They are going to be busy developing new business strategies to work with their competitors, the 1,600 Swiss pharmacies.

## Germany



**For months Germany's pharmacists have noticed an ongoing decline in the market for prescription medicines. Although the monthly turnover of the whole pharmaceutical market still**

amounted to €2 billion in August 2006, it was 2 per cent less than in August 2005. On a quantity basis there was a reduction of 3 per cent.

One of the main reasons for this is a law called the 'Economic Optimisation of Pharmaceutical Care Act', which was introduced in May to improve the cost effectiveness of the supply with medicines.

Beforehand, the government was particularly critical of German prescribing habits as many expensive drugs would be prescribed and supplied although there are much cheaper alternatives. In addition, health insurers are allowed to exempt patients from an additional contribution (a type of

prescription levy) in cases where the supplied medicine is at least 30 per cent cheaper than a fixed reference price. As patients have to pay 10 per cent of the medicine price – at least €5 or at most €10 – many are asking their GP or pharmacist for the cheapest alternative.

Furthermore, there is a shift in demand for generics because of an additional mandatory discount of 10 per cent of the ex-factory price for products in the generics market, which are distributed at the expense of the public health care system. It is estimated that in 2007 the new law will help to save €13 billion.

## Italy



**Italian pharmacists see themselves as under continued pressure from the EU Commission as**

Brussels wants Rome to overturn a national law that bars non-pharmacists or corporate bodies from running a pharmacy.

Such restrictions would only be compatible with EU law in cases where an interest of the collective good could be demonstrated. But Brussels is rejecting Italy's claims that this kind of protection of the public health is necessary, and instead is saying that it would be adequate for the law to specify that a pharmacist has to be employed to oversee the dispensing of medicines and to manage the inventory.

But pharmacists are lobbying against the Brussels' views and refer to a verdict of the Constitutional Court of Italy from 2003 in which the court ruled that wholesalers are prohibited

from running pharmacies as both businesses should be mutually exclusive. What had led to this was a complaint from pharmacy associations after Italy started the privatisation of many communal pharmacies in the 1990s and wholesalers tried retailing as well. In a decree the Italian government endorsed the Constitutional Court's judgement.

However, Brussels argues that the Italian law restricts the freedom of establishment in a disproportional way. Furthermore, the Commission argues that there are cases known in which pharmacists with their own business would be involved in wholesaling as well.

Pharmacists and their associations have indicated that they will not give an inch.

## Poland



**Although Poland has already demonstrated strong economic growth in recent years, its health system is still weak and considered a financial burden to the country.**

As the government and its health ministry try to find a way forward, many Polish pharmacists are describing the government tactics as 'wild west methods'. The ongoing liberalisation will

not only support investors especially from abroad, it will also impact adversely on local pharmacists' livelihoods, says the profession. They are critical of the disproportional competition and the hyped-up demand for unreasonably cheap medicines.

The first outcry was raised when the Lithuanian chain Europteka started its "drugs for 1 grosz" for medicines such as atenolol, Stavelan (a brand of verapamil) Amizipin (carbamazepine) or the antihypertensive nitrendypin. Although only 13 per cent of a total of 13,000 pharmacies in Poland belong to a chain, independent pharmacists already complain about the growing pressure from multiples, especially because of their aggressive discount battles.

Medicines are often sold for the wholesale

price while the branches of pharmacy chains are unable to cope with the rush. Patients are often having to queue and there is little time left for a decent consultation, complain the independents.

Multiples are organising lotteries where customers can win cars or they offer financial incentives, which patients find hard to ignore. In addition, independent businesses face fierce competition from supermarkets and even petrol stations, where certain specified medicines can be supplied.

Independents are therefore calling upon Warsaw to support their businesses as a source of pharmaceutical expertise and something that should be preserved in the interest of the national health.



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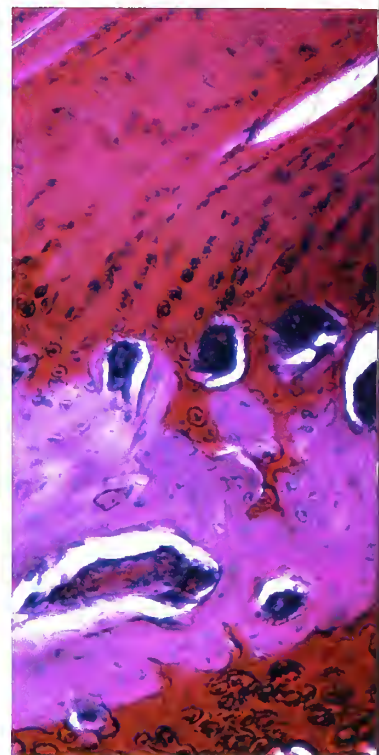
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### COUNSELLING

**I'm finding the run up to Christmas hectic. My social life has really taken off but I struggle to balance it with work and the stress seems to have an effect on my stomach. I'm suffering from an upset tummy and sometimes even the odd bout of diarrhoea. Can you recommend anything that will tackle both?**

An upset tummy is a symptom rather than a disease so it's important to establish what might be causing it and I recommend you try to address the cause. I need to establish exactly what symptoms you are suffering from, how long these have been present and how quickly they became manifest. If I

can rule out other symptoms, such as severe headache, stiff neck, blood in the vomit, severe abdominal pain, fever, rapid pulse, or whether you are on any medication or could be pregnant, then it could be that you are simply suffering from a case of festive over-indulgence.

The most common and minor causes of upset tummies are toxins and/or bacteria from contaminated food, emotional stress, and over-eating and over-drinking.

As in this situation, if it's a case of over-doing it then you may be presenting with more than one symptom, and may use a catch all description like 'upset tummy' to describe your symptoms. An upset tummy can be accompanied by nausea and diarrhoea as well as general queasiness so it might be helpful for me to recommend a product which not only effectively treats just one symptom but several.

**Pepto-Bismol** is a multi-symptom remedy that provides relief from common upper and lower GI symptoms including an upset tummy, nausea and diarrhoea. The demulcent base coats the GI tract to soothe and help protect the stomach lining against further irritation. Pepto-Bismol may also be suitable for you in this instance because of the occasional bouts of diarrhoea you describe.

Bismuth subsalicylate, the active ingredient in Pepto-Bismol works by inactivating bacteria and toxins that can cause diarrhoea. It also reduces fluid flow into the GI tract via its anti-secretory action by inhibiting prostaglandin synthesis. In this way Pepto-Bismol helps treat the root cause of the problem without interfering with the stomach's natural digestive processes.

Pepto-Bismol (available in liquid and tablet format) could be a good recommendation in this case. It gives fast, effective relief from upper GI problems including an upset stomach, heartburn, nausea, and controls diarrhoea without the need to take severe painkillers or other medicines.



Pepto-Bismol Bismuth Subsalicylate. Always read the label.

**Pepto-Bismol Product Information:** Pepto-Bismol should not be used by pregnant women, if the patient is allergic to salicylates, or if the patient is taking aspirin. Please refer to abbreviated information below.

**Abbreviated prescribing information for Pepto-Bismol:** Active ingredient Bismuth Subsalicylate. Indications: For Heartburn, upset stomach, indigestion, nausea. Controls common diarrhoea. Contraindications: Patients sensitive to salicylates including aspirin. Precautions, side effects and warnings: not to be taken with other salicylates including aspirin. Pepto-Bismol should not be used by those aged under 16 due to a possible association between salicylates and Reye's

Syndrome, a very rare but very serious disease. Use in pregnancy and breast feeding should be avoided. Use with caution in patients taking anti-coagulants or oral therapy for diabetes or gout. May cause temporary thickening of the stool and/or tongue. If symptoms are severe or persist for more than 2 days, or diarrhoea is accompanied by a fever, stop use and consult a doctor. Do not exceed the stated dose. Keep all medicines out of the reach and sight of children. **WARNING:** products containing salicylates can cause allergic type reactions including asthma. (Tablets) Contains a source of phenylalanine. (Liquids) Contains sorbic and salicylic acid which can cause dermatitis, and benzoic acid which is a mild irritant to skin, eyes, and gums. Legal category: P

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# CPD Clinical

## More than a spoonful of sugar

Patients with swallowing difficulties need special consideration

Mark Greener

Anne is 81 years old and lives in a nursing home. Three years ago, she suffered a major stroke. She's recovered well, but still experiences some problems swallowing. Last November, Anne contracted a chest infection and the doctor prescribed antibiotic capsules. Her condition worsened and Anne was hospitalised and needed intravenous antibiotics.

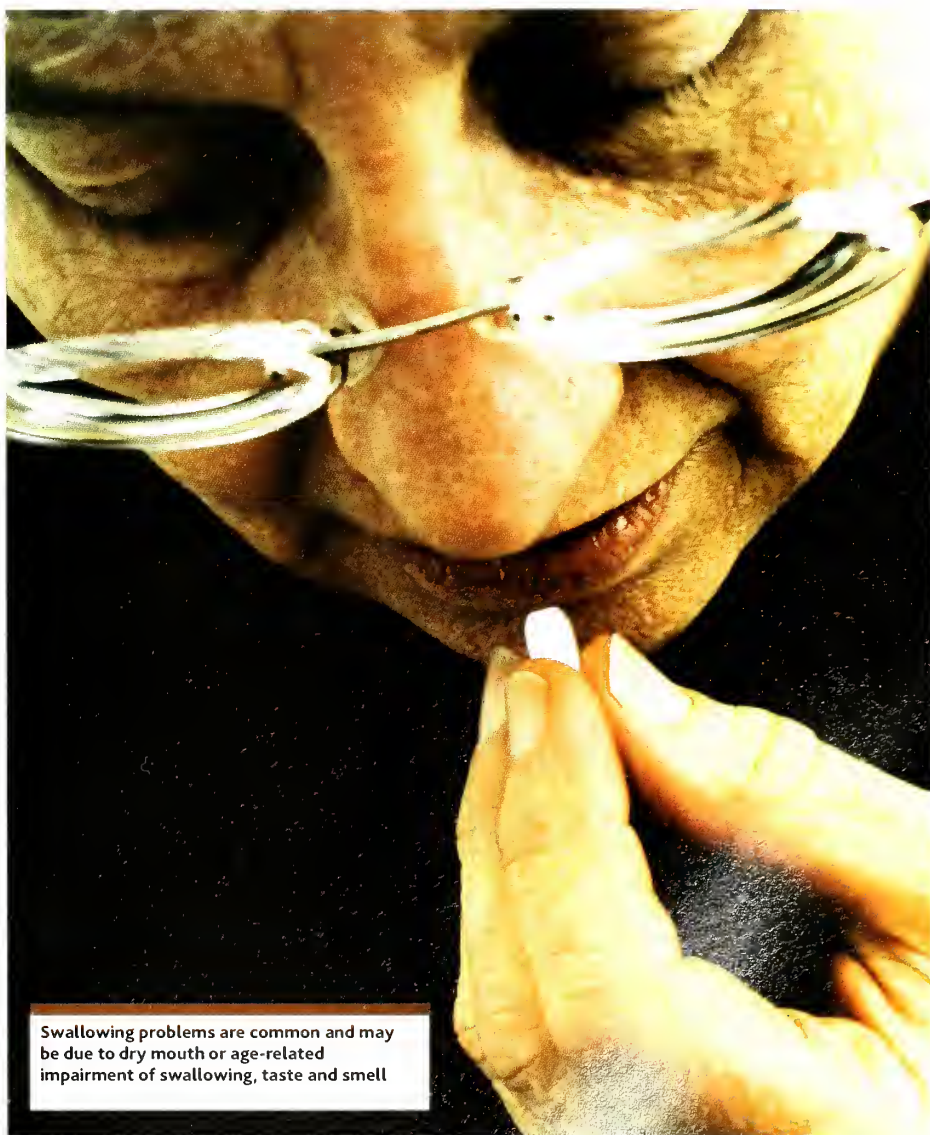
When she visited before the admission, Alison, her granddaughter, noticed that the nurse opened the antibiotic capsule and emptied the contents into a cup of tea. "Most of the tea dribbled down Gran's clothes," Alison said. "I told her doctor about the capsule opening. He said that the hot water probably meant the antibiotic wasn't working. Gran is back at the home and all her medicines are liquids."

Problems in swallowing (dysphagia) are common. For example, only 16 per cent of a group of people aged, on average, 83 years, swallowed normally,<sup>1</sup> while in another study 59 per cent of nursing home residents were unable to feed or showed dysphagia.<sup>2</sup> Apart from undermining nutrition, dysphagia can pose problems when patients attempt to swallow solid medication. However, altering the formulation – by chewing, crushing or opening some medication – can change the pharmacokinetics and compromise outcomes. This article considers the causes and epidemiology of medication-related dysphagia and introduces new consensus guidelines that clarify the pharmacist's role and legal position.

### Causes of dysphagia

Several factors potentially contribute to dysphagia, including age-related physiological changes:

- Around 10 per cent of people in the community aged over 50 years report xerostomia (dry mouth). Salivary gland function usually declines with age and 40 per cent of persons aged over 65 years experience xerostomia,<sup>3</sup> which contributes to dental caries, abnormal speech and dysphagia.<sup>4</sup>
- Age-related deterioration in the nerves arising from the larynx that induce contraction of the upper oesophageal sphincter may contribute to dysphagia.<sup>5</sup>



Swallowing problems are common and may be due to dry mouth or age-related impairment of swallowing, taste and smell

- Age-related impairment of the sense of smell and, to a lesser extent, taste<sup>6</sup> can reduce patients' interest in food. This may also blunt some reflexes such as salivation on smelling foods.

Several diseases potentially exacerbate age-related changes or induce dysphagia:

- More than half of Parkinson's disease patients experience swallowing problems,<sup>7</sup> partly arising from akinesia and muscle rigidity. Parkinson's disease and other neurological conditions affecting the basal ganglion can alter the co-ordination of the reflex that holds

breathing while the person swallows. This increases the risk of aspiration. Furthermore, healthy people usually swallow between five or six times a minute. The decreased swallowing frequency in Parkinson's can lead to saliva pooling, resulting in drooling and increased risk of aspiration.<sup>6</sup>

- Aspiration and swallowing problems

This article is part of the following CPD competences: C3b, G1a, G1d, G1e, G1g. See [www.tinyurl.com/CPD](http://www.tinyurl.com/CPD)

CPD



common following a stroke and usually last one or two weeks. Over this time, the patient is at risk of pneumonia.<sup>6</sup> In some cases, swallowing problems persist. Six months after an acute stroke, only 34 per cent of 206 survivors in one study were able to eat properly.<sup>8</sup>

- Tumours in the mouth, throat or oesophagus can obstruct the flow of food.
- In one study, a third of elderly people took medications that induce xerostomia.<sup>9</sup> These can include some antihistamines, antidepressants, beta-blockers and diuretics. Pharmacists could consider the potential impact of these medications during a medicines use review (MUR).

## Epidemiology

Because of these factors, medication-related dysphagia is common: 15 per cent of nursing home residents have difficulty swallowing tablets or capsules, for example.<sup>10</sup> Yet I was unable to identify any research quantifying the prevalence or characteristics of medication-related dysphagia in a general community in the UK. So in collaboration with pharmacist Ian Strachan, I analysed results from 792 questionnaires distributed by 17 pharmacies in England and Northern Ireland to patients (or in 117 cases, carers) that pharmacists suspected might experience difficulties swallowing medicines. Almost 90 per cent of the patients were aged between 60 and 89 years.<sup>11</sup>

About two-thirds of questionnaires suggested that patients experienced swallowing problems. Almost 60 per cent experienced difficulties swallowing tablets or capsules, while 68 per cent needed to open a capsule or crush a tablet. The effects of this on pharmacokinetics and pharmacodynamics are discussed later. A similar proportion (69 per cent) admitted not taking a tablet or capsule because it proved hard to swallow.<sup>11</sup> This high proportion suggests that medication-related dysphagia may contribute to adherence problems. However, I was unable to identify any studies that formally assessed the relationship between medication-related dysphagia and compliance.

Furthermore, 69 per cent reported that their doctor or nurse never ask if they have difficulties taking tablets or capsules before writing prescriptions.<sup>11</sup> This finding might be prone to recall bias, but suggests that such enquiries are not routine. Given that dysphagia is an established warning sign for some cancer and other gastrointestinal diseases,<sup>12</sup> this is a particular enquiry may be a particular cause for concern. Indeed, the NSF for Older People notes that "healthcare professionals ask every time whether they have any difficulties".

Furthermore, the Nice guidance on nutrition support in adults suggests that "pharmacists should refer people with any indication of dysphagia (see Table 1) to a colleague 'with relevant skills and training in the diagnosis, assessment and management of swallowing disorders'".

**Table 1: Signs and symptoms of dysphagia according to the Nice guidance for nutrition support in adults**

### Obvious indicators of dysphagia

- Difficult, painful chewing or swallowing.
- Regurgitation of undigested food.
- Difficulty controlling food or liquid in the mouth.
- Drooling.
- Hoarse voice.
- Coughing or choking before, during or after swallowing.
- Lump in the throat (globus sensation).
- Nasal regurgitation.
- Feeling of obstruction.
- Unintentional weight loss, eg in people with dementia.

### Less obvious indicators of dysphagia

- Change in respiration pattern.
- Unexplained temperature spikes.
- Wet voice quality (gurgling or liquid sound during speech).
- Tongue fasciculation (small involuntary muscle contractions) – could indicate motor neurone disease.
- Xerostomia.
- Heartburn.
- Change in eating habits eg eating slowly or avoiding social occasions.
- Frequent throat clearing.
- Recurrent chest infections.
- Atypical chest pain.

This was a preliminary survey but the results suggest that medication-related dysphagia is common and clinically important. More scientifically rigorous investigations are needed, for example to define and validate criteria that can be used by pharmacists to screen people in the community and care homes, and also to assess the views of patients and carers independently and prospectively.<sup>11</sup>

## Guidance for pharmacists

New consensus guidelines on the medication management of adults with swallowing difficulties recommend that pharmacists and other healthcare professionals should always ensure that patients are able to swallow oral and liquid medicines with a "minimal risk of choking or aspiration". The guidelines comment that "doctors are often unaware that their patient has an issue with the formulation" and suggest that "community pharmacists should assess the suitability of medication formulations for individual patients and report swallowing difficulties to the prescriber". Pharmacists should also encourage patients and carers to inform the prescriber about any swallowing difficulties.

The guidelines note that medication-related dysphagia and commonly used strategies to address the problem can compromise outcomes:

- There is a risk that the patient will simply not adhere.
- The tablet or capsule may lodge in the throat or oesophagus. This could risk local damage to the oesophagus or, by causing choking, the airways.
- Crushing, opening or chewing a modified release or enteric-coated medicine can alter pharmacokinetics and pharmacodynamics. The patient receives a large proportion of the dose relatively quickly, which can produce potentially toxic blood levels, interspersed by periods where levels are sub-therapeutic. In some cases, damage to the enteric coating means that the drug may not reach the optimal site of absorption in the gastrointestinal tract, reducing bioavailability.
- Crushing film and sugar-coated tablets can lead to a rapid degradation, an unpleasant taste or irritate the skin of the patient or carer.

- Crushing or opening formulations containing steroids, hormones or cytotoxins expose the carer to the drug, which could cause side effects or pose a hazard if the carer is pregnant.
- Some medicines – such as amlodipine, isosorbide mono- and di-nitrate and atorvastatin – are unstable once exposed to the environment.

These problems mean that pharmacists should advise crushing or opening medicines only "in the rare instance of no alternative administration route or liquid formulation being available".<sup>10</sup>

During an MUR, pharmacists should determine whether each drug is appropriate and necessary. A recent study examined 196 elderly outpatients taking at least five medications. (Some patients took up to 17). Sixty five per cent used at least one inappropriate medicine, while 57 per cent used a medicine that was ineffective, not indicated or a duplicate. On the other hand, 64 per cent of patients underused at least one medication.<sup>13</sup>

The guidelines suggest using alternative routes of administration for those medications deemed appropriate, but which seem to be associated with dysphagia. For example, pharmacists should consider transdermal, rectal or parenteral forms. In other cases, different formulations (such as liquids or dispersible) may be appropriate. David Wright, senior lecturer in pharmacy at East Anglia University, who chaired the consensus group, runs the [www.swallowingdifficulties.com](http://www.swallowingdifficulties.com) website that offers a list of products available in liquid or dispersible forms. However, the guidelines note that pharmacists need to remember several points when switching to alternatives:

- The prescriber or pharmacist should evaluate



the efficacy and tolerability of the new formulation frequently after the switch.

- Dispersible formulations might not produce an even solution, potentially compromising dosing accuracy.
- Pharmacists should check – and not assume – the equivalence between the solid dose and the liquid, dispersible or alternative formulation.
- Some non-licensed liquid specials or extemporaneous formulations might not undergo testing for dose uniformity and reproducibility. Pharmacists should prepare a specification to minimise variability that carefully documents the formulation, method of preparation and strength.

### Pharmacists' liability

The guidelines emphasise that crushing or opening formulations could render the pharmacist or other healthcare professional legally liable for any harm. Richard Griffith, lecturer in the Centre for Philosophy, Law and Healthcare, School of Health Science, Swansea University, and another member of the guidelines group, notes that medicines are subject to a product licence.

"An unlicensed use would occur if the dose, route or form were outside the licensed terms," Mr Griffith remarks. "Administration of a medicine by crushing a tablet could be using the medicine in an unlicensed form. If harm occurs then liability in negligence would arise."

Pharmacists also have a duty of care towards their patients. "When administering medication, the standard required must be in accordance with a respected body of professional opinion and withstand logical analysis," Mr Griffith notes. "Breaching this duty and causing harm could give the patient a right to compensation. Advice giving and communicating information is also subject to the professional standard of care. Inappropriate advice to a patient or poor communication with other professionals or patients that results in harm would also give liability in negligence".

To protect patients and avoid liability, Mr Griffith suggests that before crushing a tablet or opening a capsule, the pharmacist must consider whether there are alternative products available, such as liquid preparations. The pharmacist should consult the prescriber, who should approve the method of administration. The pharmacist should inform

patients about the risk, which would give their consent. Finally, the pharmacist should ensure that their action is in accordance with a respected body of professional standards up to logical analysis.

"The guideline will protect pharmacists by showing that they have properly discharged their duty of care towards their patients," he says. "Following the guideline will assist pharmacists in making a logical, evidence-based decision about when to crush tablets or recommend other forms of preparation for patients with swallowing difficulties."

So what are the take-home messages for pharmacists? David Wright advises taking "appropriate steps to confirm that the information that you give regarding administration of medicines to patients with swallowing difficulties is: suitably accurate; in line with best practice; and sufficient to enable the patient or healthcare professional to make an informed decision".

It seems that helping the medicine go down sometimes requires more than a spoonful of sugar.

- Healthcare professionals can download copies of the guideline from [www.swallowingdifficulties.com](http://www.swallowingdifficulties.com) or [www.eguidelines.co.uk/dysphagia](http://www.eguidelines.co.uk/dysphagia)

Mark Greener, a former research pharmacologist, is an award-winning freelance writer and journalist on health-related issues.

See [www.dotpharmacy.com](http://www.dotpharmacy.com) for references

## Continuing professional development



### Reflect

Are you aware if any of your patients find swallowing difficult? Have you ever asked? Do you have any patients with Parkinson's disease or stroke who are taking large tablets or capsules? Do you ever recommend that patients crush tablets or open capsules? If so, are you aware of your legal liability should the patient suffer an adverse reaction?

### Plan

This article considers:

- The categories of patients who might have swallowing difficulties.
- New guidelines advising on their management.
- Possible negligence if healthcare professionals recommend opening capsules or crushing tablets.

### Act

- Read the advice on [www.swallowingdifficulties.com](http://www.swallowingdifficulties.com) and [www.eguidelines.co.uk/dysphagia](http://www.eguidelines.co.uk/dysphagia)
- Look at the PMRs of your patients with Parkinson's disease and stroke. If you haven't already done so, find out if they are able to swallow their medication, particularly if they need to take capsules such as antibiotics for treatment or prevention of infections. Make a note of any problems in the PMR.
- Ask similar questions of patients when you are carrying out MURs.
- Find out if your elderly patients can swallow their medication or ask their carers in any residential homes you supply.
- Consider your patients who are taking drugs likely to cause dry mouth. Decide what action/products you might recommend.

### Evaluate

Are you now more aware of which of your patients have dysphagia and are you able to recommend alternatives to tablets and capsules? Are you aware of your legal duty of care?

## Key points

- Medication-related dysphagia is common: almost 60 per cent of elderly patients attending community pharmacies experience difficulties swallowing tablets or capsules, while 68 per cent need to open a capsule or crush a tablet to swallow their medication.
- Pharmacists should ensure that the information they give on medicines administration to patients with swallowing difficulties is accurate, in line with best practice and sufficient to enable the patient or healthcare professional to make an informed decision.
- New consensus guidelines on the management of adults with swallowing difficulties recommend that pharmacists should ensure patients are able to swallow solid and liquid medicines with a "minimal risk of choking or aspiration".
- The guidelines suggest that community pharmacists should assess the risk of choking or aspiration for individual patients and report swallowing difficulties to the prescriber.
- The guideline will protect pharmacists by showing that they have properly discharged their duty of care towards their patients.



# New dual-action treatment boosts smoking cessation

A new dual-action smoking cessation treatment from Pfizer is said to significantly improve smokers' chances of successfully stopping smoking.

Champix (varenicline tartrate) reduces craving by partially stimulating the nicotine receptor, and also blocks the receptor from being stimulated by further nicotine, which reduces the satisfaction normally associated with smoking.

The treatment is taken as a twice-daily pill administered over 12 weeks.

According to the prescribing information, varenicline should not be used in pregnancy and it is not known whether it is excreted in breast milk. It may cause dizziness and somnolence, and can have a moderate effect on ability to drive. There is no experience of its use in patients with epilepsy.

The most frequent side effect is nausea, which is described as generally mild and transient.



The anti-smoking campaigning group Ash has issued a set of guidelines for the use of varenicline: <http://tinyurl.com/ykxgtm>  
• Health secretary Patricia Hewitt has announced that all enclosed public spaces and workplaces will become smoke-free from July 1, 2007.

## No half measure for heavy smokers

A Norwegian study found no evidence that heavy smokers who halve their daily cigarette use cut their risk of premature death.

The researchers said people may be given false expectations if they are told to cut down their cigarette use if they are struggling to quit altogether.

Around 51,000 men and women aged 20 to 34 were monitored for an average of 20 years. Deaths from lung cancer and cancers

associated with smoking were not significantly lower in men who had cut back compared with heavy smokers.

The results also showed women who reduced their cigarette intake had higher death rates from all causes combined than heavy smokers.

### For more information:

Tobacco Control 2006; 15; 472-80

### In brief

**Novartis Resource 2.0 Fibre** is a 2.0kcal/ml high-energy nutritionally complete sip feed enriched with fibre and designed for patients unable to manage large volumes. The 200ml carton, in various flavours, contains 400 kcal, 18g of protein, 5g of soluble fibre.

**Napp has changed** its oral OxyContin and OxyNorm product packs to make it easier to distinguish between the prolonged release and immediate release forms, and optimise patient safety. New foils make sure the dose and form are still clear when the doses have been divided; also, the new packaging reflects the colour of the tablet or capsule within.

**Heart attack risk** can be reduced by more than 50 per cent using a combination of atorvastatin and amlodipine, and the benefits may be evident from 90 days, according to new results from the ASCOT published in the European Heart Journal. Simultaneous treatment with atorvastatin and amlodipine

was also about three times more effective than atorvastatin combined with atenolol.

**The exocrine pancreatic enzyme deficiency** treatment Pancrease has been discontinued, and supplier Janssen-Cilag reports stocks are expected to run out by January.

**Lyrinel XL (oxybutin)** now has MHRA approval for children over six years suffering from detrusor hyperreflexia secondary to a neurogenic condition.

**Stockley's Drug Interaction Pocket Companion** based on the content of the full edition of Stockley's is available from the Pharmaceutical Press. Call 020 7735 9141.

**A treatment option** for chronic myeloid leukaemia patients who are either resistant to imatinib or intolerant has been launched by Bristol-Myers Squibb. Sprycell is a new-generation oral tyrosine kinase inhibitor treatment that inhibits leukaemia cell growth, enabling adults with certain types of leukaemia to control their disease over a sustained period.

**Day Nurse Product Information. Presentation:** Clear orange liquid containing per 30 ml Paracetamol 1000 mg, Pseudoephedrine Hydrochloride 60 mg, Pholcodine 10 mg. **Uses:** Short term relief of the symptoms of colds and influenza. **Dosage and administration:** Adults and children 12 years and over: 30 ml every 4 hours if needed up to 4 doses in 24 hours. Children 6 to 12 years: 15 ml every 4 hours if needed up to 3 doses in 24 hours. **Children under 6 years:** On medical advice only. **Contraindications:** Known hypersensitivity to ingredients, hyperexcitability, cardiovascular disease, hypertension, diabetes, hyperthyroidism, phaeochromocytoma, closed angle glaucoma, prostatic enlargement, severe liver or kidney disease, chronic bronchitis and bronchiectasis. **Precautions:** Patients with asthma should consult a doctor first. Avoid use with other paracetamol-containing preparations. Do not exceed the stated dose. Do not use for more than 7 days except on medical advice. Not recommended in pregnancy and lactation. May reduce the effect of antihypertensive drugs, and increase the risk of arrhythmias in patients using digoxin. May increase sedative effect of alcohol, barbiturates, hypnotics, narcotic analgesics, sedatives, tranquilisers. **Side effects:** Rarely nausea, vomiting, diarrhoea or constipation, epigastric pain, headache, blurred vision, tinnitus, irritability, nightmares, anorexia, difficulty in micturition, tachycardia, tremors, skin rashes. Very rarely there have been reports of blood dyscrasias including thrombocytopenia and agranulocytosis but these were not necessarily causally related to paracetamol. **Overdose:** Immediate medical advice should be sought in the event of an overdose, even if the patient feels well, because of the risk of delayed, serious liver damage. **Legal category:** P. **Product licence number:** 00079/0378. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** 240 ml £4.99. **Date of last revision:** June 2006. Day Nurse is a trademark of the GlaxoSmithKline group of companies.

**Day & Night Nurse Capsules Product Information. Presentation:** Day-Time Capsules: Capsule with opaque yellow body and opaque orange cap containing Paracetamol 500 mg, Pseudoephedrine hydrochloride 30 mg, Pholcodine 5 mg. Night-Time Capsules: Capsule with opaque white body and opaque brown cap containing Paracetamol 500 mg, Promethazine hydrochloride 10 mg, Dextromethorphan hydrobromide 7.5 mg. **Uses:** Short term relief of the symptoms of colds and influenza during the day or at night. **Dosage and administration:** Adults and children 12 years and over: Day-Time Capsules: 2 capsules every 4 hours if needed up to 6 capsules in 24 hours. Night-Time Capsules: 2 capsules just before going to bed. **Children under 12 years:** Not to be given. **Contraindications:** Known hypersensitivity to ingredients, hyperexcitability, cardiovascular disease, hypertension, diabetes, epilepsy, hyperthyroidism, phaeochromocytoma, closed angle glaucoma, prostatic enlargement, severe liver or kidney disease and in patients with asthma, chronic bronchitis and bronchiectasis. **Precautions:** Patients taking, or within two weeks of having taken, MAOIs. **Overdose:** Immediate medical advice should be sought in the event of an overdose, even if the patient feels well, because of the risk of delayed, serious liver damage. **Legal category:** P. **Product licence number:** 00079/0378. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** 24 Capsules (18 day-time capsules, 6 night-time capsules), £4.75. **Date of preparation:** June 2006. Day Nurse is a trademark of the GlaxoSmithKline group of companies.

**Night Nurse Product Information. Presentation:** Clear green liquid containing per 20 ml Paracetamol 1000 mg, Promethazine Hydrochloride 20 mg, Dextromethorphan Hydrobromide 15 mg. **Uses:** Night-time relief of the symptoms of colds, chills and influenza. **Dosage and administration:** Adults and children 12 years and over: 20 ml dose at bedtime. **Children under 12 years:** On medical advice only. **Contraindications:** Known hypersensitivity to ingredients, hepatic or renal impairment. **Precautions:** Avoid use with other cold medications or decongestant-paracetamol-containing preparations. Patients with asthma or other respiratory disorders, epilepsy, glaucoma, urinary retention, prostatic hypertrophy, hepatic impairment, cardiovascular problems should consult a doctor first. May cause drowsiness. If affected, do not drive or operate machinery. Avoid alcoholic drink. Do not exceed the stated dose. Caution required in patients taking warfarin and other coumarins, tricyclic antidepressants, MAOIs, hypnotics, anxiolytics, antimuscarinics, domperidone, metoclopramide and colestyramine. May interfere with immunologic urine pregnancy tests to produce false results. Avoid in pregnancy and lactation unless advised by a doctor. **Side effects:** Rare reports of hypersensitivity including skin rash; very rarely, blood dyscrasias (not necessarily causally related). Occasionally drowsiness, psychomotor impairment, antimuscarinic effects (urinary retention, dry mouth, blurred vision), disorientation, restlessness, gastrointestinal disturbances, photosensitivity reactions and dizziness. **Overdose:** Immediate medical advice should be sought in the event of an overdose, even if the patient feels well, because of the risk of delayed, serious liver damage. **Legal category:** P. **Product licence number:** 00079/0378. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** 160 ml £4.99. **Date of last revision:** June 2006. Night Nurse is a trademark of the GlaxoSmithKline group of companies.

**References:** 1. IMS August '06, 2. ACN Sept '06 MAT Co & Flu Market, 3. Spend at MEAL equivalent.



*Nothing works harder to  
fight cold & flu symptoms.*



Night Nurse is the No.1 pharmacist recommended cold and flu brand! The Nurses range is growing at +8%, four times the size of the total market.<sup>2</sup> With a £1.8m support package starting in November 2006,<sup>3</sup> the place likely to be congested is your store.



Day time – paracetamol, pseudoephedrine hydrochloride, pheniramine  
Night time – paracetamol, promethazine hydrochloride, dextromethorphan hydrobromide

**NURSE IT BETTER**

Please refer to the Product Information overleaf.



## Clinical news

## Biological therapies shown to be effective for psoriasis

Etanercept and efalizumab are effective treatments for moderate to severe psoriasis, results of an NHS health technology assessment show.

After a systematic review of the evidence, the researchers from the University of York said that, despite widespread use and numerous trials, it is "difficult to draw firm conclusions regarding the efficacy of other treatments available for the relief of moderate to severe psoriasis" and stated that all other treatments are associated with serious and possible long-term adverse effects.

However, a cost-effectiveness analysis

showed that although etanercept and efalizumab are efficacious in patients who are eligible for systemic therapy, they are only economically effective in patients with low quality of life who are at risk of hospitalisation.

Etanercept was found to be effective for up to 24 weeks and serious adverse effects are uncommon. Efalizumab is also effective and well tolerated, the data shows, but there is no data on long-term (more than 12 weeks) use.

**For more information:**

[www.hta.nhsweb.nhs.uk](http://www.hta.nhsweb.nhs.uk)

## COPD guideline evidence in doubt

Current consensus guidelines on the treatment of COPD may not be applicable to the vast majority of patients, a study reports.

A postal survey of randomly selected individuals aged 25 to 75 years found that only one in 20 patients with COPD (some of whom were undiagnosed) in the general population would have been eligible for the major randomised trials that have informed practice.

For example, most of the RCTs looked at by the researchers excluded people with asthma, which greatly reduces the chance of finding an improvement with inhaled

corticosteroid or bronchodilator treatment.

The New Zealand researchers said the discrepancies meant clinicians could not assume a patient would respond to a medication in the same way as reported in trial data. A second study by the team showed a similar situation in trials of asthma patients.

**For more information:**

Respiratory Medicine published online November 17, 2006

Thorax published online November 14, 2006

## Mortality benefit of statins questioned

Statins do not reduce mortality in patients with no pre-existing cardiovascular disease but do reduce the incidence of major cardiovascular events, a large meta-analysis has shown.

Although use of statins for primary prevention is increasing dramatically, the overall effects of the drugs in this population are not yet clear, said the US and Canadian researchers.

The analysis of data from seven trials of 42,848 participants, 90 per cent of whom had no history of cardiovascular disease, found that

major cardiovascular events were reduced by almost 30 per cent and cerebrovascular events were reduced by 14 per cent.

But the reduction in coronary heart disease mortality and overall mortality was not significant, the researchers found.

**For more information:**

Archives of Internal Medicine 2006; 166: 2307-313

## A Practical Approach... last week's answers

• Laxoberal liquid is a 'blacklisted' item that appears in Part XVIII A of the Drug Tariff and may not be prescribed on the NHS. It would be allowed if prescribed under its generic name, sodium picosulfate.

• Cyanocobalamin appears in the selected list (Part XVIII B of the Drug Tariff). It may only be prescribed on the NHS to treat or prevent vitamin B<sub>12</sub> in a vegan or a patient who has proven vitamin B<sub>12</sub> deficiency of dietary origin. The prescription must also be endorsed 'SLS' by the prescriber,

which this prescription is not.

• Soothagel is registered as a medical device, not a licensed medicine. Only medical devices listed in Part IX of the Drug Tariff can be prescribed on NHS prescriptions and this product is not listed there.

• Erythromycin capsules are not listed in the Dental Practitioners' Formulary in the BNF and Drug Tariff (Part XVIII A), and may not be prescribed by a dentist on the NHS. Erythromycin tablets and suspension are prescribable.

**Questions**

1. What should be done about the requests for the prescriptions and the OTC medicines, and what are the reasons in each case?

This article will help in the following competencies: G1h, G2a, G2e, G2f. See [www.tinyurl.com/19zu](http://www.tinyurl.com/19zu)



Berthany Straker

**Brenda, the dispensing technician at the Update Pharmacy, arrives for work at 08.50am as normal and is surprised that David Spencer, the pharmacist, who is usually always the first to arrive, is not already there.**

But she has a set of keys and lets herself in. The rest of the staff arrive, rather bedraggled because it is raining heavily, and the shop opens for business. Business is slow because of the rain, there have been no customers and David has still not arrived by the time the phone rings at 9.20am. Brenda answers.

"Hello Brenda, it's Louise, David's wife. I'm afraid he's had an accident in the car and he won't be in today. He skidded on the wet road, they're treacherous at the moment apparently. He's not badly hurt, thank goodness, but they've taken him to hospital with a whiplash injury. I've phoned Mr Graham, our emergency locum. His wife says he's gone for a dental appointment, but he can get in to you by 11 o'clock. I hope you can cope until then."

In the next few minutes:

- A patient comes in to pick up a prescription awaiting collection that Brenda dispensed and David checked yesterday.
- Another patient brings in a prescription saying the out-of-hours doctor has called during the night and the medicine is needed urgently.
- A customer wants to buy some co-codamol tablets.
- Another customer brings to the counter a pack of GSL laxative tablets she has self-selected.



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# Clinova predicts sales surge

Clinova believes consumers should stock up now with preventative products such as its Covafu range of personal protection products ahead of a possible bird flu pandemic. The company is offering retailers special offers this month and next. A 15 per cent reduction will apply to orders of more than 1,000 items and 20 per cent for more than 10,000 items.

Trade prices are £3.89 for a disposable mask, £7.59 for a kit and £12.49 for a family pack. Clinova is

providing a full bird flu consultancy service for participating customers as well as supplementary literature and leaflets.

**Product info:**  
Clinova  
Tel: 02380 783806  
www.clinova.co.uk



## The eyes have it at L'Oréal

L'Oréal Paris has launched Color Appeal Star Secrets eye make-up. The five eye shadow palettes each combine three shades tailored for dark, brown, blue, grey or green eyes. A Contour Kohl pencil is included


with each trio. The collection has the backing of five celebrities including Aishwarya Rai.

**Product info:**  
L'Oréal Group UK  
Tel: 0161 655 1400  
www.lorealparis.com

Price: £5.99

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**Solpadeine®**  
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## Capitalise on Christmas

Swains International has published its autumn/winter gift guide containing details of digital cameras, home printers, albums, binoculars, camcorders and more.

The latest edition highlights gift ideas for everyone and features the top brands in digital photography from Canon to Olympus. Photographs, product profiles and prices are all included.

Independent photo-specialist retailers can give the guide away in store to promote their business.

**Product info:**  
Swains  
Tel: 0845 450 4242  
sales@swains.co.uk

## PhotoGiftGuide



## Honey's up from down under

New Zealand healthcare company Comvita has launched 10 products.

New to the Winter Wellness range are a 100ml size of the Propolis herbal elixir, Children's lemon and honey lollipops combining propolis and manuka honey – also suitable for adults – and two Manuka honey syrups, one containing marshmallow and one with mullein for chesty and dry coughs.

A 1kg jar of Active Manuka Honey 5+ and an Active Manuka Honey with a Unique Manuka Factor (UMF) of 30+ have been added to the Manuka honey range. This higher strength honey helps with persistent digestive problems, says Comvita. Active Manuka Honey 25+ is also new.

The Propolis range now boasts Blackcurrant and Propolis tablets and

Grapeseed Capsules with Propolis, both said to boost the immune system and provide antioxidant benefits.

Finally, Honeygar combines fermented apple cider vinegar with honey. The company suggests taking the product by the spoonful, mixed with water or incorporated into salad dressing.

**Price:** from £3.95 (Honeygar 750ml) to £30.95 (Manuka honey UMF30+ 250g)

**Product info:**  
Comvita  
Tel: 020 8961 4410  
info@comvita.co.uk

## Boost to new year resolve

The London Tube and regional bus rears will be used in January and February to promote Dietrim, Vitabiotics' slimming supplement that is said to maintain a healthy metabolism. The new year is a key selling period for the product, reports Vitabiotics, as consumers try to recover from the excesses of the party season and look to adopt

healthier habits. Adverts will also appear in consumer press titles targeted at health and image conscious consumers. POS and educational materials are available.

**Product information:**  
Vitabiotics  
Tel: 020 8955 2600

### Products in brief

#### POM to P switch?

Consultation is underway on the POM to P reclassification of

chloramphenicol eye ointment 1 per cent. Comments should be submitted to the MHRA by January 4. The application was made by Brochlo manufacturer Aventis Pharma, Optrex Limited and Galpharm International.

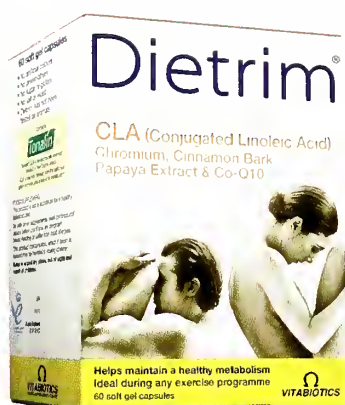
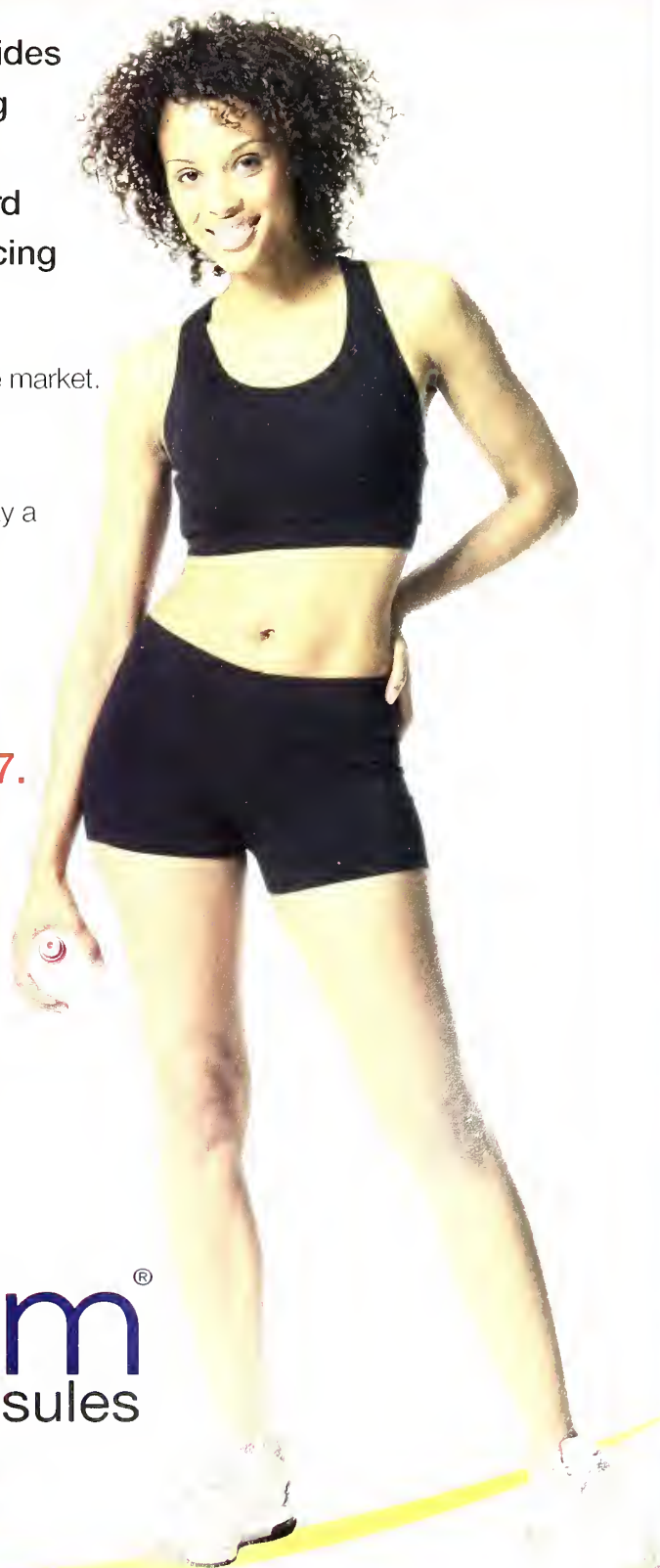


# Improve your sales figures with Dietrim®

Dietrim® is the revolutionary supplement that provides advanced nutrition for customers who are working hard to maintain a fit and healthy looking body. It offers support during exercise and can safeguard nutritional intake if on a dieting programme, replacing the need for an additional multivitamin.

- The most comprehensive body composition supplement on the market.
- Features the scientifically researched ingredient **Tonalin® CLA** (Conjugated Linoleic Acid).
- Plus 25 other ingredients including biotin and iodine – which play a role in helping control metabolic rate.
- Dietrim® also provides nutritional support for individuals on an exercise programme.

- **Media and transport advertising campaign being launched in January '07.**
- **The New Year is the key period for Dietrim®, so stock up now to avoid disappointment.**
- **Full retail support, POS, educational materials available, call 020 8955 2662.**



## Dietrim® capsules

**Tonalin CLA**  
The Shape Of Things To Come™

[www.dietrim.co.uk](http://www.dietrim.co.uk)

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NCE



# Nivea goes on a global journey

Nivea Creme is the subject of a "seven figure" TV advertising campaign breaking on Christmas day. The 'Around the world' campaign shows men, women and children using the product in different situations, for example, performers at a Rio carnival using it as a make-up remover.

The 60 and 30-second executions will be on screen until March. Reinforcing the TV activity, cinema adverts are running during Christmas

week while a month of activity is planned for female websites including handbag.com and marieclaire.co.uk This will drive surfers to the nivea.co.uk site where visitors can enter a competition to win a holiday, says Beiersdorf.

**Product info:**  
Beiersdorf  
Tel: 0121 329 8800

## Daily supplement for acne

Face to Face is a new acne treatment available from Dutch company TC CuraSense. Two capsules should be taken daily for a minimum of eight weeks, each containing 100mg of the active ingredient praventin. The supplement is described as a 'natural alternative for healthy skin' and is said to help the body's natural defences fight the bacteria that cause acne. It is suitable for vegetarians and, although derived from a milk

protein, contains no lactose.

Supporting the launch, PR activity is under way.

**Price: £18.95/60**

**Product info:**  
Blue Ocean  
Tel: 01329 228240  
www.blueoceansalesbrokers.com

## Scholl's seasonal shindig

Scholl Party Feet is appearing on television in an ad campaign running until December 22. Manufacturer SSL hopes to encourage consumers to try the range during the Christmas and new year party season. A flat-packed counter-top display unit for three variants from the Party Feet range can be requested from SSL reps.

The £850,000 campaign forms part

of the £4.4 million support budget for the brand this year. The tie-up with UK Athletics continues in the new year with perimeter ads and sampling at three indoor events.

**Product info:**  
SSL International  
Tel: 0161 638 2412

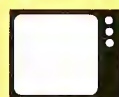
### Products in brief

#### The same, says Oilatum

Oilatum has aligned its prescription and OTC packs. The POM Fragrance Free Junior and the OTC Junior Bath Formula are now both Junior Emollient Bath Additive. A national media campaign targets mums of children with dry skin and eczema with ads aiming to explain that Oilatum Junior products are the same both OTC and on prescription. Stiefel Laboratories  
Tel: 01628 524966  
www.oilatum.co.uk

### Gillette's stocking fillers

Men's shaving brand Gillette Fusion has introduced four Christmas gift packs for the festive season. The Capsule contains Fusion Hydragel ultra sensitive and a manual razor contained in a bathroom tidy while the Power Capsule includes the Power variant in place of the manual razor. Two wash bag sets include Hydrasmooth aftershave balm or a pack of Power blades. A communication programme supports the products. Price: £9.99 to £19.99  
Gillette  
Tel: 01932 896000



#### Products advertised on TV next week

**Benylin:** All areas & Sat except GMTV

**Bisodol:** C4, five & Sat

**Calpol:** All areas & Sat

**Covonia:** All areas except U, C, A, CTV, M, LWT, CAR and C4

**DulcoEase:** GMTV

**New Gaviscon Double Action:** All areas & Sat

**Medised:** C4 (Wales), five, GMTV & Sat

**Meltus:** five, GMTV & Sat

**Paramol:** C4, five and Sat

**Seven Seas Cod Liver Oil:** All areas

**Sudafed Aroma (Plug & Rub):** All areas & Sat except GMTV

**Sudafed Core:** All areas & Sat except GMTV

**Sudocrem:** Sat

**Vicks Sinex Decongestant Capsules:** All areas & Sat

**Vicks First Defence Nasal Spray:** All areas & Sat

**Vicks First Defence Protective Hand Foam:** All areas & Sat

**Windsetters:** five, GMTV only

**Ymea:** All areas & Sat except C4, five

**PharmaSite for next week:** Anadin Ultra – Windows, Meltus – In-store, Meltus – Dispensary

**Pharmacy channel:** Imigran Recovery, Beechams Liquid Pocket Packs & Anadin Ultra Double Strength

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

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# The right balance of milks, right for all their needs

Although breast milk is best for babies, some mums are unable to breast feed, or choose not to for medical, social or physical reasons. Many of these mums need advice about which infant formula is appropriate for their baby, and they may turn to you for help in making their choice.

## Giving information to parents on infant milks

SMA Nutrition offers a range of infant milks and special feeds to meet the needs of different babies and toddlers. The recommendation guide below can help you advise parents on which infant milks are suitable and at what age.

### SMA Gold\* Balanced to be closer to breast milk

- Whey-based infant formula from birth
- Balance of nutrients similar to those in breast milk to support healthy growth, development and immunity
- Most popular infant formula in UK

### SMA White\* Balanced for hungrier babies

- Casein-based formula, more satisfying for hungrier babies
- Can help delay weaning until the recommended time

### SMA Progress\* Balanced for older babies and toddlers

- Follow-on milk suitable from 6 months to 2 years
- Balanced with higher levels of iron, zinc and vitamins C and D than cows' milk<sup>1</sup>
- Helps meet baby's changing iron needs and helps prevent iron deficiency<sup>2</sup>

### SMA High Energy\* Balanced for babies with faltering growth

- Clinically proven to promote weight gain in babies<sup>3</sup>
- Balanced with important breast milk nutrients, so babies don't miss out on these important nutrients

### SMA Wyo Soy\* Balanced for infant formula

- Balanced nutrition for babies who are intolerant to cows' milk
- Free from lactose and cows' milk protein
- Suitable for vegetarians

### SMA LF\* Balanced for babies with lactose intolerance or colic

- Clinically lactose-free formula for bottle-fed babies who are lactose intolerant
- Low-lactose formulae are recommended by the NHS in the UK for bottle-fed babies with colic

### SMA Staydown\* Balanced for babies with significant reflux

- Clinically proven to help ease significant reflux (regurgitation) in formula-fed babies<sup>4</sup>
- Complete milk formula containing an easily digestible pre-cooked cornstarch that thickens in the stomach, not in the bottle



**References:** 1. The Composition of Foods (McCance and Widdowson, eds) 6th Edition, Food Standards Agency, 2002. 2. Williams J, Wolff A et al. Infant supplemented formula milk related to reduction in psychomotor decline in infants from inner city areas: randomised study. *Br Med J* 1999; **318**: 693-697. 3. [www.prodigy.nhs.uk/guidance.asp?guidance=247](http://www.prodigy.nhs.uk/guidance.asp?guidance=247). 20infantile. Last accessed September 2005. 4. Gonzalez LM et al. Effect of formula with pregelatinized cornstarch in the treatment of regurgitation in infants. *Rev Obstet Gynecol Venez* 2002; **62**: 1-7. 5. Ramirez-Mayans J et al. Nutritional management of children with gastroesophageal reflux: a comparison of two different thickened formulas. *Int Pediatr* 2003; **18**: 78-83. 6. Xinias I et al. An antireflux infant milk formula in the management of infants with mild to moderate gastroesophageal reflux. *Curr Ther Res* 2003; **64**: 270-278. 7. Peake D et al. Feeding in infants with increased energy requirements. *Arch Dis Child* 2003; **88**: 100-102.

**IMPORTANT NOTICE:** Breast feeding is best for babies. SMA infant milks are intended to replace breast milk when mothers do not breast feed. Professional advice should be sought for the need for and proper method of use of infant milks and on infant feeding. • SMA PROGRESS is a follow-on milk for babies over 6 months and is not intended to replace breast feeding. When used in conjunction with solid food, it provides the nourishment essential to a baby's healthy and happy development. • SMA WYOSOY milk free formula is intended to meet the nutritional needs of infants and children who are intolerant to cows' milk protein, lactose or sucrose. Medical advice should always be sought. Soya infant formulae are not recommended for babies or those with kidney problems. • SMA STAYDOWN is intended to replace breast milk when mothers do not breast feed and when reflux (regurgitation) is a problem. While baby's regurgitation does not improve within 2 weeks of starting SMA STAYDOWN, or if the infant fails to thrive, parents are advised to consult their family doctor. • SMA HIGH ENERGY is a food for special medical purposes intended for the dietary management of infants and young children with medically determined high energy requirements. It is not suitable for those who are allergic to cows' milk protein, or who suffer from galactosaemia or renal failure. • SMA LF is a food for special medical purposes intended for the dietary management of infants and young children who are allergic to cows' milk protein, or who suffer from galactosaemia or renal failure. • SMA HIGH ENERGY and SMA LF must be used under medical supervision. Both these foods are suitable as the sole source of nutrition for infants up to six months of age, and, in conjunction with solid food, for infants and young children up to two years of age.



# THE USE OF NRT IN CLIENT GROUPS

By Raj Rohilla,  
Community Pharmacist

The current pharmacy contracts across the UK encourage pharmacists and their staff to take a more active role in providing smoking cessation advice, treatment and support.<sup>1</sup>

Some of your clients with the most to gain from stopping smoking are considered 'high risk' in terms of using nicotine replacement therapy (NRT).<sup>2</sup> Such people include adolescent smokers, those with cardiovascular disease, and pregnant women.<sup>2</sup> As a pharmacist, you often come into contact with individuals in these groups when you dispense medicines, and you can make a positive impact on their health by providing accurate advice on how to quit smoking.

In 2002, NICE guidance on the use of NRT advised healthcare professionals to remember the significant harm caused by continued smoking when balanced against the use of NRT in adolescent smokers, those with cardiovascular disease and pregnant women.<sup>3</sup> Since then, the Medicines and Healthcare products Regulatory Agency (MHRA), following consideration of the safety evidence for NRT, has recommended that it be licensed for use in these groups.<sup>2</sup>

## Adolescent smokers

It is estimated that around one fifth of Britain's 15-year-olds – 16 per cent of boys and 25 per cent of girls – are regular smokers.<sup>4</sup> Without help, many of these teenagers will be unable to quit and may face the devastating consequences of smoking. Cigarettes can be bought legally at the age of 16, but only recently has NRT been recommended as a treatment option for smokers aged 12 and above.<sup>2</sup>

Although there are few published studies, NRT is likely to be as effective in adolescents as it is in adults. In a study of regular smokers aged 13-17 years, quit rates were 18 per cent in the active patch group compared with 2.5 per cent in the placebo group.<sup>5</sup> A decision to offer NRT to an adolescent smoker should be based on their motivation to quit and their level of addiction, regardless of their age (Box 1).<sup>6</sup>

### BOX 1

#### Advice for pharmacists on NRT use in adolescents

- Motivation to quit can fluctuate in adolescents, so be sure they are ready to quit before you supply NRT. They may, therefore, need a longer pre-quit session than adults.
- Advise them on the dangers of leaving NRT products where younger siblings may be able to reach them.<sup>7</sup>
- It may be beneficial to direct young smokers to services where they can receive peer support. There may be local smoking cessation clinic groups set up by your primary care organisation.

## Smokers with cardiovascular disease

NRT is recommended for use in people with stable cardiovascular disease<sup>8</sup> (ie those not acutely ill). It is thought that any risk from nicotine is far outweighed by the benefits of not being exposed to the 4,000 chemicals and gases in cigarette smoke that damage health and can kill.<sup>8-10</sup> Stopping smoking has a number of benefits on the cardiovascular system:

- Reduced blood clotting<sup>11</sup>
- Reduced risk of a heart attack<sup>11</sup>
- Reduced risk of a stroke<sup>11</sup>
- Improved blood circulation.<sup>12</sup>

In clients with unstable cardiovascular disease and those who have had a late coronary event within the previous four weeks, NRT may be the better option if the only alternative is to continue smoking (Box 2).



Increased risk of a miscarriage

Increased risk of ectopic pregnancy

Increased risk of bleeding, premature detachment of the placenta and rupture of the membranes

Low birth weight associated with high risk of death and disease in infancy

BSIP, MENDIL/SCIENCE PHOTO LIBRARY

### BOX 2

#### Advice for pharmacists when discussing NRT use with people with unstable cardiovascular disease

- Discuss the risks and benefits of using NRT to help the client stop smoking.
- The decision to use NRT needs to be made in consultation with the client's GP or consultant cardiologist.<sup>7</sup>
- Choose shorter-acting oral products that can be discontinued immediately in the event of any problems, rather than patches.<sup>6</sup>

## Pregnant and breastfeeding women

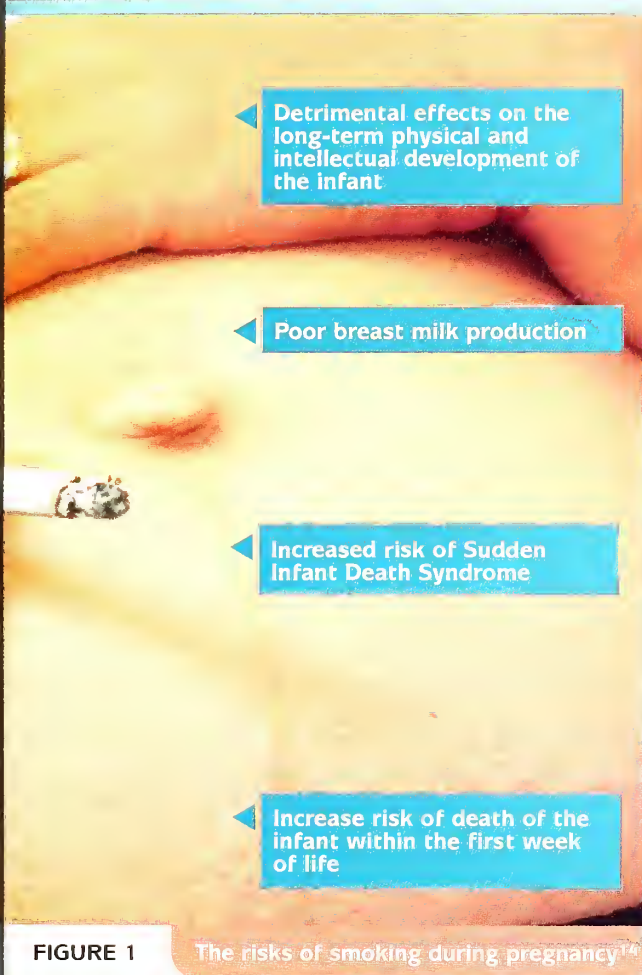
Quitting smoking at any time is one of the most beneficial things a person can do for their health. Pregnancy is an excellent opportunity to stop smoking, and doing so gives considerable benefits to the health of not only the mother but also to her baby.<sup>7</sup> Astonishingly, however, one fifth of pregnant women smoke during their pregnancy and the health risks are significant (Figure 1).<sup>13</sup>

Given that only a quarter of women succeed in stopping smoking during pregnancy,<sup>14</sup> what can be done to help? It is now recommended that a pregnant woman should be offered NRT if she feels that she is unable to stop smoking without the help of pharmacotherapy (Box 3). This should be given in conjunction with behavioural support.

NRT will help the mother manage her cravings and withdrawal symptoms during the quit attempt, without exposing her baby to the thousands of other chemicals in cigarette smoke that can kill.<sup>3</sup> The level of nicotine delivered through NRT will also be significantly less than from smoking.<sup>3</sup> The few studies to investigate the efficacy of NRT in pregnant women suggest that quit rates are improved.<sup>3</sup> There has also been no evidence of harm to the foetus from NRT during pregnancy.<sup>2,16</sup>



# WOMEN AT HIGH RISK FROM SMOKING



**FIGURE 1** The risks of smoking during pregnancy<sup>1,6</sup>

Detrimental effects on the long-term physical and intellectual development of the infant

Poor breast milk production

Increased risk of Sudden Infant Death Syndrome

Increase risk of death of the infant within the first week of life

## BOX 4

### Advice to breastfeeding mother about using NRT

- Advise your client to use oral treatments rather than patches to avoid continuous exposure to nicotine.<sup>2</sup>
- They should allow as much time as possible between NRT use and breastfeeding.<sup>2</sup>
- If other members of the family smoke, they should be encouraged to quit at the same time.<sup>7</sup>

people cope with withdrawal symptoms while gradually reducing the amount of nicotine they receive. Using NRT, rather than smoking, means that these clients avoid the other 4,000 chemicals in cigarette smoke that could do them significant harm.<sup>9,10</sup>

With the revised recommendations on the use of NRT in these groups, pharmacists and pharmacy assistants can help more people quit for good. Pharmacy assistants are best placed to make the initial interventions. By promoting smoking cessation the pharmacy not only offers a more holistic care to their clients but raises the profile of their pharmacy as well.

## BOX 3

### Advice for pharmacists when discussing NRT use with pregnant women

- Ask your client to start the quit attempt and NRT as early as possible in the pregnancy.<sup>7</sup>
- Your client should aim to stop using NRT after a maximum of 2-3 months.<sup>2</sup>
- Oral treatments should be the first choice as they reduce the exposure of the foetus to nicotine.<sup>6</sup>
- Nicotine patches may be used if your client has morning sickness or nausea.<sup>7</sup>
- Patches should be removed before going to bed at night to avoid exposing the foetus to nicotine that would not have been received if the woman was smoking.<sup>2</sup>
- Where possible, inform the clinician supervising the pregnancy that their patient is taking NRT.<sup>8</sup>

## The use of NRT while breastfeeding

Although the risk of using NRT while breastfeeding is low, it is still important to advise breastfeeding mothers about using NRT (Box 4). Nicotine is absorbed into the mother's breast milk,<sup>2</sup> but only a little passes into the infant's gut.<sup>6,17</sup> There is a theoretical risk that nicotine in breast milk could cause harmful effects to the infant, however, in practice none have been found to date.<sup>8</sup>

## Conclusion

When the alternative is continuing to smoke cigarettes, using NRT is a logical option in client groups, such as adolescents, those with cardiovascular disease, and pregnant and breastfeeding women. NRT improves quit rates<sup>18</sup> by helping



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# Giving up like a man

Men and women tackle most problems differently, including smoking

Steve Bremer

The many differences between men and women are hard to quantify, both genders have their own strengths and weaknesses. Smoking cessation is no exception and a knowledge of these gender differences can help pharmacists tailor their advice to make it more effective.

Evidence suggests women are less likely to quit smoking than men. This may reflect differences in nicotine dependence, withdrawal and craving. It has also been suggested that the menstrual cycle could play a part. Some studies have found heightened experiences of withdrawal or craving within the latter days of the menstrual cycle.

Men are more successful at quitting with NRT than women, according to one recent study. NRT was found to be equally effective in both men and women at three and six months post quitting. But by the 12-month stage NRT was more effective than placebo in men only, according to a meta-analysis of 21 randomised trials. Naltrexone, however, has been shown to be more effective as an adjunct to smoking cessation in women than in men.

Women may find it harder to quit than men because they experience more craving linked to smoking cues, they link smoking to improving mood or preventing weight gain, and enjoy the taste and hand-to-mouth sensations more than men. In comparison, men claim to rate nicotine's psychoactive effects more highly.

A report for No Smoking Day 1999 revealed some significant gender differences in relation to smoking habits:

- Men are heavier smokers.
- Women are more emotionally dependent.
- Women tend to think of cigarettes as their main source of pleasure and 48 per cent smoke to give them confidence in social situations.
- Men and women have different reasons for wanting to stop.
- Men tend to cite more self-orientated reasons, such as improving their fitness, whereas women are twice as likely to want to stop for the sake of their family.
- Men and women experience pressure to stop smoking from different sources.
- Men are more likely to be pressured by partners while women are more likely to feel pressure from their children.
- Men tend to cut down cigarette intake whereas

women switch to lower tar brands

- Men tend to rely on willpower whereas women seek help.
- Physical barriers to quitting are more important to men than emotional ones.

While three times as many men resume smoking while drinking alcohol, stress and fear of weight gain feature more strongly among women.

And if all the usual anti-smoking messages are not enough to trigger a quit attempt, the most effective message for male smokers is that their habit could make them impotent. Men in their 30s and 40s who smoke are around 50 per cent more likely to be impotent than men who do not. Male smokers report having sex only six times per month, compared to 12 for non-smokers.

## Experience from the multiples

Men prefer a quick-fix solution when it comes to their health and this includes giving up smoking, according to Tesco sales data. "Both male and female customers purchase patches, nasal sprays and chewing gum, but women are more likely to talk to our pharmacists for more advice and take home further reading material such as our 'Quitting Smoking' booklet," says Penny Beck, Tesco's pharmacy superintendent.

Tesco's new 'Quitting Smoking' pack will be available free from all pharmacy counters, kiosks and petrol stations from January, to prepare potential quitters for next year's smoking ban. The pack contains information on techniques for coping with withdrawal symptoms, tips on useful diversion tactics and information on NRT, as well as money-off coupons.

Around 13,000 smokers die every year in Scotland so the ban on smoking in public places, due to begin in March, could have a significant impact on the nation's health. It appears to be encouraging more quit attempts already, with sales of smoking cessation products up by 81 per cent across Rowlands' 40 Scottish stores.

Rowlands' marketing manager, Mike Johnson, attributes some of this increase to the company's stop smoking category initiative. "The section forms a constant reminder to smokers that help is available in our pharmacies should they require it," he says.

## Smoking and weight

Smokers consider potential weight gain as one of the key factors affecting the success of their



## Change for life

Abbott has launched a free online coaching programme to help healthcare professionals support overweight and obese patients in their quest to lose weight.

The Change for life website – [www.changeforlifeonline.com](http://www.changeforlifeonline.com) – includes information on how best to help patients change their behaviour, support materials to facilitate discussions with patients and innovative e-learning modules.

A section of the site for the public allows them to use an online coaching programme to learn practical and achievable weight management strategies based on long-term behavioural change. There is also a section for patients taking Reductil.

## A smoking cessation case study from a Numark pharmacy

Tracy Watt, of Albany Pharmacy in Aberdeen, claims a success rate of more than 70 per cent for the smoking cessation service she runs from her pharmacy.

Grampian PCT funds the 12-week quit course by reimbursing pharmacies for the cost of NRT supplied and providing two staged incentive payments. The service is free to patients who are exempt from prescription charges and costs £6.50 for those who are not exempt.

Even though patients are given four weeks' worth of NRT to take away with them, Ms Watt encourages them to talk to her every week so she can offer additional support and encouragement. She does not run clinics. "Most prefer to pop in on the way home from work or when they're out and about. They don't mind waiting a couple of minutes if I'm busy and it suits me – if I held formal clinics I'd have to get cover in so there would be a cost implication."

## Gel NRT on prescription

Nicogel, an aromatherapy gel containing nicotine, is now available on prescription as nicotine replacement therapy.

The gel is designed to replace the cigarette, but not the tobacco, and it contains none of the combustion products associated with smoking.

The gel is rubbed into the hands like a liquid soap, and the company says a few squirts a day can give smokers the same nicotine effect they get from cigarettes. [www.nicogel-uk.com](http://www.nicogel-uk.com)





The fear of gaining weight is a serious barrier to quitting for many smokers  
Picture by Cordelia Molloy/Science Photo Library

quit attempt. Of those who have an opinion about the link between smoking and weight gain, 60 per cent of female smokers claim to have eaten more while trying to quit as a way of dealing with cravings, and more than a third went back to smoking when they started to gain weight. And the problem is worse for those quitting cold turkey, with 70 per cent of women gaining weight.

The fear of gaining weight is a serious barrier to quitting for many smokers, according to a NiQuitin CQ survey, with a quarter admitting that they would continue to smoke to avoid gaining weight. Nearly half of women said they would be more likely to quit if they could control their weight while quitting.

Quitting with NiQuitin CQ lozenges could help curb weight gain, claims GSK, because the lozenge stays in the mouth for up to 30 minutes and quitters need to suck at least nine lozenges a day, making them less likely to snack. ▶

Smokers consider potential weight gain as one of the key factors affecting the success of their quit attempt

## Psychological support

Nicorette is launching a free support programme called ActiveStop, a highly personalised support programme that uses mobile and web-based technologies to tailor and deliver communications at key points during the stop smoking attempt.

ActiveStop helps manage quitters' important psychological challenges by taking them through the process one step at a time. Users are guided through their quit attempt on a day-to-day basis.

The ActiveStop programme follows research that found psychological dependency on cigarettes is often perceived to be a bigger hurdle to quitting than the physical addiction to nicotine.

Nicorette will be promoted after Christmas with two television advertising campaigns and a £3.5 million marketing spend. The 'Dave' advertising, focusing on Cut Down with Nicorette then Stop, will continue, but Nicorette will also begin a new campaign to launch its ActiveStop support programme.

**Pfizer Consumer Healthcare**  
tel: 01304 616161

## Losing the smoke

Novartis is planning a second burst of its 'Lose the smoke, keep the fire' advertising campaign beginning on Boxing Day. This follows the success of the original campaign, which saw a 14 per cent increase in patch sales during October.

The novel approach of this campaign aims to give smokers the confidence to stop smoking without losing their passion for life. This follows findings from Nicotinell research that smokers need to maintain their individualistic sense of self while becoming smoke-free.

More than 70 per cent of smokers surveyed said that smokers were more adventurous and had more fun, while an equal number said they wanted to use a brand that "helps me stop quitting without losing any of my passion for living".

According to the Novartis Consumer Health marketing director: "Lose the Smoke Keep the Fire seems to have resonated with both potential quitters and the pharmacists. It clearly differentiates Nicotinell from other stop smoking brands by speaking to the target audience in a 'smoker to smoker' tone and positioning the identity of the smoker in a positive light."

**Novartis Consumer Health**  
tel: 01403 210211

## Reality Quitting for men

GSK's most recent 'Reality Quitting' advertising campaign featured a male quitter using NiQuitin CQ lozenges and the web-based Click2Quit support programme to help him stop smoking.

The £3 million campaign focused on the highs and lows of 31-year-old environmentalist Nick Heasman's quit journey. The Reality Quitting campaign increased NiQuitin CQ's share to 83 per cent of the market.  
**GlaxoSmithKline Consumer Healthcare**  
tel: 0845 762 6637



## Men and diet

Quitting smoking is not the only reason that more men are putting on weight. Poor diet and lack of exercise are also to blame. Research by Developing Patient Partnerships found that a quarter of men regularly miss lunch at work, with 32 per cent of manual workers skipping lunch. The men tend to

replace lunch with unhealthy snacks such as crisps and pies. More than a quarter of manual workers claim healthier snacks are too expensive, and 12 per cent of men find them boring.

Dieting is now a key issue for many Tesco customers, says Ms Beck, with all its pharmacists providing advice on nutrition and on healthy

eating plans such as low GI diets, dieting supplements, low carb and healthy snacking. Customers can also purchase a [tescodiets.com](http://tescodiets.com) subscription from the pharmacy counter, which gives advice and information on the 15 different weight-loss plans. Tesco is also launching a free 'Healthy Slimming' booklet in January.

## Fat man facts

- Obese men are 33 per cent more likely to die from cancer than men of healthy weight.
- A man who is two stone overweight is twice as likely to have a heart attack as a man of healthy weight.
- It is predicted that 34 per cent of men and 38 per cent of women will be obese in 2025 and half the population will be overweight.
- 800,000 prescriptions for obesity drugs cost the NHS £36 million every year.
- Men with a waist circumference of 37 inches have increased health risks; those with a measurement of more than 40 inches have substantial health risks.
- Men in England and Wales are the 10th fattest in Europe (65.4 per cent are overweight or obese). Greek men are the fattest (78.6 per cent), followed by the Germans (75.4 per cent) and the Czechs (73.2 per cent).

## Measuring up for diabetes

Diabetes UK launched 'Measure up' in September, a campaign aimed at increasing awareness of the link between obesity and diabetes.

The campaign encourages people to take their waist measurement in order to identify some of the 750,000 people in the UK with diabetes who remain undiagnosed. A large waist measurement can increase diabetes risk by up to 12 times.

Chief executive of Diabetes UK, Douglas Smallwood, says: "Many people don't realise they're at risk and shockingly can go undiagnosed for up to 12 years. Our simple health check could save many people from a future of ill health."

## Cut down on calories without cutting out the beer

For those men who want to lose weight but not their pub-based social life, a number of breweries are introducing low-calorie beers.

Michelob Ultra, Becks Alcohol-Free and Marston's Resolution Low Carb weigh in respectively at only 32, 20 and 31 calories per 100ml. And Cobra Power contains just 94 calories per bottle. These figures compare to 117 calories in a bottle of Stella Artois, for example. Scientists at University College Cork have even brewed a low calorie beer by adding an enzyme during brewing that degrades carbohydrate.

Reviews on various websites range from "watery" and "horrible" to "refreshing taste and very drinkable". Tasters were concerned about potential damage to their image and offending the barman. One admitted: "I didn't know as though I was drinking proper alcohol. Maybe I didn't drink enough of it."





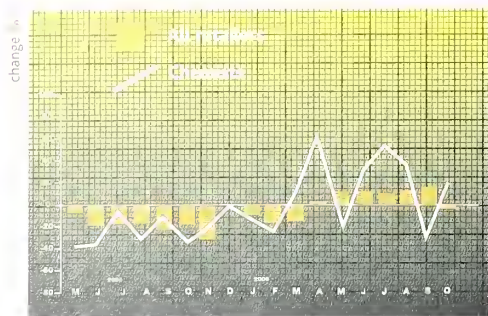
treating diabetics. **Side Effects:** Temporary weight gain may occur during adjustment. **Contraindications:** Senokot Syrup, hypersensitivity reactions to any of the esters of hydroxy compounds. **Warnings:** Senokot Syrup should not be used in children. **How to Use:** Senokot Syrup should be taken after meals. **Recommended Retail Prices:** Senokot Syrup - 100 Tablets - £2.19, 40 Tablets - £0.99, 100 Tablets - £6.99. Senokot Syrup - 100 Tablets - £4.95. Senokot Granules, 100 Tablets - £10.99. Senokot Syrup - 100 Tablets - £2.19. Senokot Syrup - 40 Tablets - £0.99. **Marketing Authorisations:** Senokot Tablets - 0063, 0065, 0125, Senokot Granules - 0063, 002R, Senokot Max Strength - PL00063/0125, Senokot Syrup - 0063, 0125, Senokot Max Strength 24's - PL00063/0125. **Holder of Marketing Authorisation:** Senokot (UK) Limited, Danson Lane, Hull, HU8 7DS. **Date of last revision:** 1998. **Senokot and the Senokot and circle symbol are trademarks.** **References:** 1. Tablets and Syrup contain ethylcellulose, natural Sesame 2. IR (1000000) Tablets



# Business indicators

High street sales were good in September, says Peter Varley, but pharmacists saw a fall in volumes

## Retail sales



The underlying trend in retail sales volume growth remained fairly robust in October, and chemists benefited from an upturn in business following a year-on-year decline the previous month. Consumer confidence also strengthened during October.

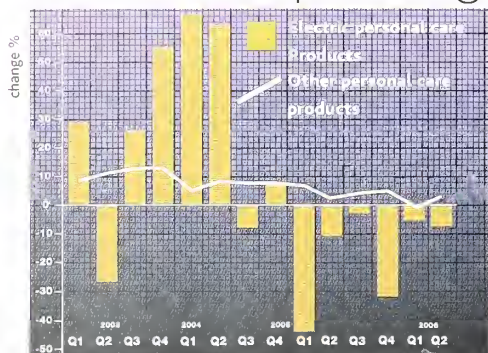
A poll by GfK NOP for the European Commission reveals that **consumer confidence** rose in October from the low levels of the two previous months, despite the looming interest rate hike.

The October CBI retail survey indicates that sales volumes rose for 19 per cent of chemists,

after 34 per cent had reported a yearly fall in September. Overall, retailers said sales were close to normal for the time of year. The British Retail Consortium confirmed another good month for **toiletry sales** but noted a mixed picture for OTC products.

Official figures show that the volume of pharmaceutical and toiletry sales had fallen by 7 per cent annually in September. In the three months to October **total retail sales** volumes grew by 3.7 per cent annually, unchanged on the previous three months.

## Consumer spending



**Annual spending on personal care products and services** rose in total during the second quarter of this year. And although outlays on electrical appliances weakened, demand for other personal care products was stronger compared with the first quarter.

The value of consumer spending on **electric personal care** products was 7 per cent lower in the second quarter of 2006 than a year earlier, and volumes fell by a seasonally adjusted 9 per cent, officials estimate. Spending on **other personal care products**, such as perfumes and toiletries, rose in value and in volume terms by around 2 per

cent and 7 per cent respectively. Total consumer spending on personal care products and services grew in value and in volume at annual rates of 3 per cent and 5 per cent respectively. Spending on **medical goods** during the second quarter rose in both value and volume terms by around 10 per cent annually.

Output of **pharmaceuticals** by UK manufacturers expanded by 3 per cent in the third quarter and was a similar percentage higher annually. Output of **perfumes and toiletries** fell by 1 per cent in the third quarter but was up 7 per cent compared with the third quarter of last year.

E45



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Prescribing Information E45 Cream is a white smooth emollient cream containing white soft paraffin 14.5% w/w, light liquid paraffin 12.6% w/w and hypoallergenic anhydrous lanolin 1.0% w/w. It is for the symptomatic relief of dry skin conditions.

If the use of an emollient is indicated, such as in dry, cracked skin, ichthyosis, traumatic sunburn, the dry stage of eczema and dryness of pruritis. Dosage and administration: Adults, children and elderly: Apply

to the affected part two or three times daily. Contraindications: E45 Cream should not be used by patients who are sensitive to any of the ingredients. Undesirable effects: Occasionally, hypersensitivity reactions; otherwise adverse effects are unlikely, but

should they occur, may take the form of an allergic reaction. Should the patient use the product should be discontinued. Package quantities: 50g tube, 125g tub, 500g pump pack. Basic NHS cost: 50g £1.18, 125g £2.39, 500g £6.20. Legal category: GSL. Product licence number:

PL 0327/5904. Product licence holder: Crookes Healthcare Ltd, Nottingham, NG2 1AA. Date of preparation: January 2002. References: 1. Carr and 1997, 2. Vickers and Kirby 1989, 3. Hobday and Largey, CHCSK04-848. Date of preparation: January



## Retail prices



**Retail prices of chemists' goods rose at a slower rate in the year to October than in September, but high street prices picked up overall.**

The annual rise in UK pharmaceutical manufacturers' prices in October was marginal, while toiletry prices continued to ease.

The retail price index of **chemists' goods** rose by 0.3 per cent in October, taking the annual rate of increase to 1.4 per cent – down from 1.8 per cent in the year to October. Headline **retail price inflation** was 3.7 per cent on the year to September, after an annual rise of 3.6 per cent in September.

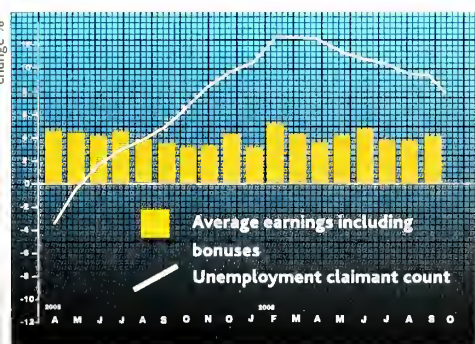
The British Retail Consortium's shop price index increased by 0.2 per cent overall in October, and

rose by 1.5 per cent annually. Overall UK factory gate prices rose 1.7 per cent year on year, down from 1.8 per cent in September, following lower petrol prices.

The average price of **pharmaceutical preparations** rose 0.5 per cent in the year to October, and **perfumes and toiletries** fell by 0.2 per cent, officials estimate. Lip and eye make-up rose by 3.6 per cent annually and dental hygiene preparation prices rose by 2.2 per cent.

Prices of **imported pharmaceutical and medicinal products** were up by 1.5 per cent annually. The retail price of medical products is set to rise by 1.8 per cent next year, and by 2.0 per cent in 2008, according to Oxford Economic Forecasting.

## Earnings and unemployment



**Growth in average earnings eased in the third quarter, but the number of unemployment benefit claimants rose in October as the labour market continued to weaken; although the number of jobs was up, the increase was insufficient to soak up the increased labour supply.**

**Average earnings**, including bonuses, rose by an annual rate of 3.9 per cent in the three months to the end of September but were 0.3 percentage points lower than during the previous three months. In the service sector the annual rise was also 3.9 per cent, down from 4.1 per cent.

But the test of wage inflation will come early next year when the main pay settlement season

gets underway and is expected to bring increases of 3 to 4.5 per cent or more. The number of people claiming **unemployment benefit** increased by 1,200 in October to 961,300 as the number of older people seeking work, and a continuing influx of migrant workers, exceeded demand.

The number of jobless rose by 27,000 in the quarter to September, to the highest level in seven years. Other official figures reveal that 141,000 people were made **redundant** in the quarter, up by 3,000 on the previous three months. The number of individual **insolvencies** rose to 27,644 in England and Wales in the third quarter, up 55 per cent on the year, but company failures fell by 4 per cent.

## Soaked to the skin

Dry and sensitive skin needs treatment that works hard to moisturise.

Over the years, the trust earned by E45 Cream to provide moisturising relief for a range of dermatological conditions has gathered sound clinical support. Studies show E45 Cream brings significant improvements in the dryness, redness and cracking of eczema<sup>1</sup> and the poor texture and scaliness of conditions like ichthyosis.<sup>2</sup>

White soft paraffin, light liquid paraffin and Medilan – a highly refined, hypoallergenic form of lanolin – work synergistically to replenish moisture and improve skin appearance.

As well as being efficacious, our dermatologically tested, unperfumed and well tolerated emollient was voted pleasant to use by 82% of patients.<sup>3</sup>

E45 Cream. Experience brings expertise.

Dry skin & Eczema

**EXPERT**





# Age concern

The Age Discrimination Act came into force this autumn. Are you fully aware of its implications?

Iain Jenkins

The Employment Equality (Age) Regulations 2006 – commonly known as the Age Discrimination Act – came into force on October 1. Many pharmacy businesses could be at risk of claims. To protect yourself, your employees and potential employees it is important to 'audit' employment practices, from recruitment to terms and conditions of employment, dismissals, training and retirement.

A breach of the regulations will be enforced in an employment tribunal with a potential for unlimited compensation. The DTI estimates around 8,000 claims will be made in the first year of its existence, likely to cover direct and indirect discrimination, harassment and victimisation.

The regulations cover all ages – not just old age. The majority of the new rules will apply to a broad definition of workers and employees including job applicants. All employees, agency staff, independent contractors, casual staff or those employed on fixed term contracts are protected by the regulations.

## Direct discrimination

Unlike all other forms of discrimination, direct discrimination on the grounds of a person's age can be lawful if it constitutes a proportionate means of achieving a legitimate aim. The DTI guidance states that "proportionate" be equated with "appropriate and necessary" and involves a balancing exercise between the discriminatory impact of the treatment in question and the legitimate aim of the employer.

Tribunals will not treat the question of justification lightly. Direct age discrimination is unlawful and will only be permitted where there is a very good reason for it. A legitimate claim could include:

- Health and safety.
- The facilitation of employment planning.
- Encouraging and rewarding loyalty.
- Training requirements.

## Indirect discrimination

Indirect discrimination occurs when a business applies a provision, criteria or practice that could put one age group at a disadvantage compared with another. Obvious examples include the fixing of a minimum number of years' experience for access to employment or eligibility for promotion or requiring that job applicants are recent graduates.

The regulations ensure that employees are not discouraged from making complaints of age discrimination out of fear of retaliation. A worker may bring a claim on the basis of victimisation in such cases. Harassment on the grounds of age is defined as unlawful conduct, which has the purpose or effect of violating a person's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment. It is a condition where such conduct is "on the grounds of age".

If a job ad shows an intention to discriminate, a candidate who fails in his or her application for employment may bring a claim for discrimination, pointing to the specifications outlined in the ad as evidence in the decision regarding who to employ.

Employers should be wary of advertising for a "young and enthusiastic worker" or a "mature,



experienced pharmacist". It would be important in this latter example to specify experience required.

Questions about age and date of birth should be removed from the application form. This data could be collected through a separate diversity monitoring form. It might be argued that asking for dates between which an applicant attended school could give a strong indication of age.

Realistically, it is unlikely that an age-neutral application form can ever be devised. For example, the dates of a candidate's previous employment may well be relevant and reasonable matters for an employer to take on board – for example, if a person has been employed by four different employers in the space of 18 months that would be something the employer would wish to investigate. The most important aspect of this is that those involved in interviewing and recruitment do not allow age discrimination to creep into their decision-making.

Specifying that an applicant must be prepared to work late may disadvantage those with childcare responsibilities. This could constitute indirect age discrimination. If it is said that applicants must be willing to "socialise", those with childcare or family commitments may again find themselves at a disadvantage. And socialising in 'young and trendy' pubs might raise issues for older workers.

An employer's decision as to who should be awarded promotion may be based on considerations that have the potential to involve age discrimination, such as years' service. A denial of an opportunity by, say, failing to properly review the performance of older workers through a staff development policy could give rise to a claim of direct discrimination. ACAS 2006 guidance recommends employers avoid comments such as "shows remarkable maturity for their age" and "does well despite their age".

Access to training should not involve assumptions about the value of training different age groups. For example, some businesses may have a cut-off point for access to training which is close to retirement age. This would constitute direct discrimination.

Pay structures based on experience and years'

service may be indirectly discriminatory against younger workers. However, it is lawful for employers to discriminate in relation to the award of any benefits related to service as long as the service period is no more than five years. For example, holiday entitlements that increase one day per year of service up to a maximum five years will be exempt.

Compulsory retirement before 65 is unlawful, unless the employers can show a legitimate business reason. But such reasons are not easily identifiable yet as the legislation is so young. An employee also has the right to request to work beyond 65.

**Iain Jenkins is a partner at Lee & Priestley Solicitors, 10-12 East Parade, Leeds, LS1 2AJ**

## Recruitment adverts

1. Be aware of where advertisements are placed so that they are available to all age groups.
2. Avoid specifying minimum or maximum periods of experience; ask for relevant skills and expertise instead.
3. Avoid using words like 'mature' or 'dynamic' that could be interpreted as being linked to age.

## Application forms

1. Remove requests for date of birth or age.
2. Avoid requests for dates of qualifications.
3. Only ask for dates of previous employment if you can demonstrate an objectively justifiable reason for asking.

## Interviewing

1. Focus questions on skills, abilities and potential.
2. Ensure age does not play a part in deciding whether to employ an applicant.
3. Ensure interviewers know of the regulations.

## Further Information

ACAS and the DTI give further information on the regulations at [www.acas.org.uk](http://www.acas.org.uk) and [www.dti.gov.uk](http://www.dti.gov.uk)



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Hours of work are Monday to Friday, 39 hours a week. The role is initially a temporary role but due to continued company expansion, further opportunities could arise.

Please call Rebecca Wray if you would like further information prior to application:

Mrs Rebecca Wray,

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Rivington Road, Preston Brook,  
Runcorn, Cheshire WA7 3DJ  
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## MANOR PHARMACY

Pharmacy Group looking to expand and acquire shops North-West & North/West Yorkshire areas. All turnovers/ size of group considered. High Premium Paid. All information will be treated with strictest confidence. Please contact Mohamed on 07958 428754 or Talha Patel on 07841 328394





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## Call of the wild



**Jamie Christie, managing director of Lifeplan Products**, the supplier of vitamins, minerals and herbal products, must have been taking some of his own products as he has been named 2006 British Champion in wild water canoeing.

"I've been competing in national races throughout 2006 in the C2 double canoe class with Simon Wright," he said. "The final race was

on the River Usk in South Wales. I'm really pleased to have won this year against some tough competition. It's been hard work balancing work and family commitments with a proper training plan." Mr Christie also represented the UK in the World Championships and the World Cup event earlier in the year, where he finished a respectable 14th and 7th.

## ELC goes to Moscow

Pharmacy chain 36.6 welcomes two Early Learning Centre stores

**The Russian pharmacy chain 36.6 is to open two Early Learning Centre (ELC) toy stores**



in Moscow by the end of the year.

The chain, which has more than 750 pharmacies in 70 cities across 23 Russian regions, is Early Learning Centre's first franchisee in Russia.

In addition to medicines, the group sells health and beauty products. It already sells toys for babies aged one to three and will add some of the ELC assortment for babies into its largest stores. Toys for older children will only be available in the ELC stores.

As C+D's readers will already have worked out, the chain gets its name from the ideal body temperature in centigrade. Perhaps now that 36.6 is offering ELC products, more of its younger customers will be able to test their parents' knowledge of this and other important facts.

## Ex-footballer helps raise money for charity

**Local footballing legend Sir Tom Finney** kicked off the opening of the new Astley Village Pharmacy in Hallgate, Merseyside, part of the Southport-based Northern Pharmacy Group.

To mark the occasion, Sir Tom presented two of his limited edition football boots to the pharmacy, which will be used to raise funds for the pharmacy group's designated charity, Derian House Children's Hospice.

Shamir Patel, co-owner of Northern Meols Pharmacy Group, said: "Sir Tom was delighted to give his support in helping Derian House continue to offer the very best care and support for terminally ill children and their families."

If readers would like to make a donation, visit [www.derianhouse.co.uk](http://www.derianhouse.co.uk)



On the ball are, from the left: Sue Allen, head of care, Derian House; Dr Suzanne Heald; Sir Tom Finney; Gill Turner, senior dispenser; Shamir Patel; Fiona Read, pharmacist; and Charlene Masterson, dispenser

## Appointments

Professor Trevor Jones, the immediate past director-general of the Association of the British Pharmaceutical Industry (ABPI), has joined the advisory board of Aegate, the pharmaceutical authentication company.

Actavis has appointed Michelle Hanna as key account executive for the generics market in Northern Ireland, servicing the independent pharmacy sector. Ms Hanna joins from Crookes Healthcare.

## Diwali lights up Leicester skies

**The Royal Pharmaceutical Society's Leicester branch** celebrated Diwali in style at The Wigston Stage Hotel in Leicester.

Sue Sharpe, PSNC chief executive, was guest of honour at an event attended by local pharmacists, their friends and colleagues.

With mouthwatering Indian food and plenty of Diwali spirit, everyone was eager to enjoy the festivities. They danced to a vast array of music from traditional Indian garba and bhangra to the Macarena. They also raised around £3,500 for charity in a raffle that included a DVD player and champagne as prizes.



## Tesco brightens up Christmas for Serbian children

**Tesco pharmacy in Wells, Somerset, is sending shoe boxes filled with toys and gifts for impoverished children abroad in support of the charity Samaritan's Purse.**

The pharmacy has been sending hundreds of filled boxes to Romania and Croatia over the past three years and this year youngsters in Serbia will be the recipients.

Celia Cowling, pharmacy manager at Tesco, said: "I've been asking customers, the GP surgery, dentists and staff to support the appeal. We've received 521 shoe boxes containing hats, scarves, gloves, soap, toothpaste and toothbrushes, sweets, bouncy balls, yo-yos and other toys. They've been packed up and sent to the charity's warehouse and should be arriving in Serbia this week."

Samaritan's Purse distributed more than a million shoe boxes to needy children in Eastern Europe and Africa last year.



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See special offer opposite for full details of great value Show & Stay London theatre breaks.

## TRAVEL OFFER

Entry coupon Dec06CD

Closing date: January 1, 2006

**Q On what date did the Age Discrimination Act come into force?**

A \_\_\_\_\_

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**Rules:** 1 This competition is open to any pharmacist or permanent member of staff who works at an address which receives either C&D or Community Pharmacy. 2 Competitors may enter through C&D or Community Pharmacy, but may only submit one entry. Double entry will disqualify both entries. 3 Entry must be on an original coupon from C&D or Community Pharmacy, and to be eligible for the prize entrants must correctly answer the question on the coupon. 4 The prize offered will be as follows: alternative holidays or cash prizes valued at £1000. 5 Names of winners will be published in C&D or Community Pharmacy. 6 In any dispute of CMP Information Pharmacy, the decision of the director will be final and no correspondence will be entered into. 7 Employees of CMP Information Ltd, Holidaysaver and travel agents, and their immediate families, are not eligible to enter. A purchase is necessary to make an entry for this month's competition. See special offer opposite for full details of great value Show & Stay London theatre breaks.

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Incomplete entries will not qualify for the prize draw/holiday discount voucher



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